

CHAPTER ONE

INTRODUCTION

Background to the Study

When students perform poorly in their academics, behave maladaptively and proper counselling is not done, it may not be discovered that low self-concept is the cause. Even cognisance may not have been taken of the fact that numerous behaviour problems, maladaptive behaviours, including under and poor academic performance of students may be associated with low self-concept. Although researchers like Adediran (2008), Aremu (2008), Omah (2008), Katura (2009), and others have attested that low self-concept affects mental development and lowers academic performance but some students, teachers, school administrators, and stake holders in secondary school students' education may not have noted that low self-concept is an impediment to students' academic performance..

Low self-concept could be as a result of negative perception low self-concept students have about themselves. Low self-concept students feel that they have some deficiencies which make them not to meet up with the required standards, even when their endowed physical and innate qualities are obvious, they do not seem to be aware and appreciate them. Coopersmith (2008) highlighted that low self-concept enhances the inability of individuals to value themselves accurately, feeling inadequate and constantly under estimate both their abilities and the regard in which they are held by others. According to

Shaffer (2011) low self-concept is a negative cognitive interpretation of self as being unworthy of good performance which may lead to a host of thinking patterns, reflecting self blame, and self criticism.

Low self-concept influences the students' identity, role, and overall life. Low self-concept hinders students' opportunity of maintaining a healthy personality. Students with low self-concept cannot have full personality satisfaction and this is a fundamental issue in their lives. This is worrisome to counsellors, psychologists, parents, teachers, friends, siblings and even low self-concept students. A positive self concept is important for an individual's general outlook and mental health and Mc Candles (2008) observed that an individual with high self-concept is more likely to live a happy life because the individual would be able to accept and live with himself or herself.

Several predisposing factors are involved in determining the manifestation of low self-concept in individuals. Ogunbawo (2008) divided these factors into two broad categories as: those factors that are present in the individual, (individual factors), and those that are present in the relationship of the individual with others (interpersonal relationship factors). These two sets of factors appear to interact with each other in determining most cases of low self-concept in students. Some of these individual factors as identified by Carson and Butcher (2009) and Ogunbabwo (2008) are gender, physical appearance, physiological or developmental factors, academic achievement, health problem and trauma, family socio – economic status, and parenting styles. Interpersonal factors are

peer influence, child abuse and excess punishment, negligence, excess criticism, comparison with others, expectations, tribe, race/ethnic groups, and family background. Notwithstanding the predispose factors, the main cause of low self-concept among secondary school students is illogical/irrational thought.

Low self-concept causes withdrawal among students. This is because low self-concept students feel they have defects and this make them to withdraw into their shelves. They do not explore their environment as a result of keeping to themselves. Many things they are supposed to learn elude them and they find it difficult to adjust to their environment because they suffer social isolation. These set of students turnout to be social isolates as they are neglected by their peers. In line with this, Hymel and Robin (2008) observed that people become socially withdrawn because they think they have deficiencies that make them feel negatively self-conscious, unattractive, different, inferior, and socially withdrawn. Also Wiehe (2008) found that students that have low self-concept tend to feel unwanted, inferior, uninvolved, and inadequate and find it difficult to interact with peers.

Moreover, low self-concept students exhibit unsociable behaviours such as fear, anxiety, nervousness, stage fright, timidity, shyness, unassertiveness, and lack of confidence when asked to execute a social task. These behaviour problems hinder low self-concept students the impact they are supposed to make. These students do not utilize their talents and perform under estimation

that yields to unfruitful life. In fact they live a passive life irrespective of their potentials and endowed talents and this calls for concern.

Negative cognition of self exhibited by some secondary school students is a menace that makes them exhibit characteristics such as, perfectionism, projection, overly critical of self and others, and reactionary. Rigidity, defensiveness, chaotic relationship, , hyper vigilance, and self-sabotaging are also exhibited by low self-concept individuals. Faulty self-image, irrational and distorted statements, aggression, and depression are caused by low self-concept. Some of these conditions characterized poor mental health thus Derlega and Janda (2008) emphasized that good mental health is not merely the absence of mental illness.

As a result of the numerous behaviour problems caused by low self-concept, Nwankwo (2013) emphasized that the effects of low self-concept on students in all educational institutions in the country calls for methodological approaches to help students modify the undesirable behaviour (low self-concept). Counsellors and psychologists have not relented in their efforts to modify low self-concept and other behaviour problems among students. The researcher also wants to find out the effects of assertiveness training and self-management techniques on improving secondary school students' low self-concept.

Assertiveness training consists of the arrangement of environmental situations in order that certain behaviours inhibited by anxiety can be expressed in

overt behaviour (Wolpe, 2008). Assertiveness training in the context of this study involves training one to act boldly, confidently, express individual opinion, imbibe social skills and stand up to one's right in order to inculcate in an individual the assertiveness characteristics required for maintenance of high self-concept.

Some of the numerous characteristics of a low self-concept individual are difficulty in expressing individual opinion especially if others disagree with the individual, experiencing difficulty handling interpersonal issues requiring the individual to assert oneself. Other characteristics are difficulty letting others know what one wants, turning down requests, asking a favour, standing up for the individual's right, expressing disapproval, and lack of confidence. Assertiveness training technique is one of the techniques to modify the above unassertive behaviours. The efficacy of assertiveness training in improving the social skills of isolates corroborates with the studies of Ugwuegbulam (2008) who discovered that assertiveness training makes an individual to improve on interpersonal relationship. Furthermore, assertiveness training enhances individuals' interaction among themselves and this reduces withdrawal/isolate tendency, thereby encouraging exhibition of social skills. Stake, Deville and Pennel (2009) have attested to the use of assertiveness training to enhance social skills which have been shown to have positive benefits for students' self-concept.

Self-management is a process whereby a person actively implements specific procedures to control the individual's own behaviour (Andrasik & Heim-

berg 2008). This definition implies that self-management involves deliberate regulation of situations and events that lead an individual to behave in a particular way. Self management in the context of this study involves low self-concept students taking responsibility for modification of their low self-concept. The modification starts by the students identifying their low self-concept behaviour problem, examining self with the use of low self-concept behaviour checklist in order to know the low self-concept characteristics exhibited by them. The students would also keep record on the extent of manifestation of the low self-concept characteristics, set goals to achieve in order to control the low self-concept characteristics, and adopt measures/behaviour modification techniques to achieve high/positive self-concept

The advantages of self-management in the improvement of low self-concept among secondary school students is that it makes students to take greater responsibility in the modification of their behaviour problem. Moreover making students to self-manage their behaviour increases the likelihood that appropriate behaviour would last overtime. Also as students are the control agents, self-management technique procedures make counsellors to take less responsibility trying to control/modify students' behaviour. Moreover, self-management technique makes students to have a sense of control over their own behaviour, which is inherently reinforcing. Self-management technique could be applied in any setting be it home, school or clinic. It is easy to apply and it is effective for

both young and old people and could be used for a wide range of behaviour problems (Nwankwo, 2013).

Gender could have influence on the effectiveness of assertiveness training and self-management techniques in enhancing self-concept among secondary school students. Gender is a set of biological, social, and psychological issues that categorize individuals (Uwaezi, 2013). Identity and roles are the two important aspects of gender. Gender identity deals with one's view of oneself as male or female, though androgynous personality has both feminine and masculine characteristics. Gender roles are behaviours consistent with being male or female in a given culture.

The procedures involved in assertiveness training and self-management behaviour modification treatment techniques are different and as such would have different effects on the male and female secondary school students. Each gender would have the behaviour modification technique that works better on it and the researcher wants to ascertain it.

Obviously, serious attention needs to be given to modification of the low self-concept of secondary school students in order to modify it and curtail the exhibition of maladaptive behaviours and behaviour problems associated with it. This necessitated this study that sought to determine the effects of assertiveness training and self-management techniques on the low self-concept of secondary school students in Awka Education Zone.

Statement of the Problem

Secondary school students exhibit high self-concept when they appreciate, value, regard themselves and have sense of belonging. This helps the students to have high sense of academic ability, socially improve on the areas of task performance, adaptation, and relationship with others. Students' low self-concept make them not to appreciate, value, regard themselves, and have sense of belonging. This makes the students to have low sense of academic ability, and the students' social life is not left out as low self-concept affects negatively the students' social task performance, adaptation, and relationship with others.

The negative cognition of self exhibited by some secondary school students is associated with some maladaptive behaviours such as projection, self-sabotaging, reactionary, overly critical of self and others, defensiveness, rigidity, and under and poor academic performance. Behaviour problems like lack of social skills, and confidence, unassertiveness, introvertedness, aggression, shyness, antagonism, withdrawal, depression, and low self-esteem are exhibited by low self-concept students. Low self-concept causes negative imaginations, self-defeating statements, and illogical thoughts that affect mental health negatively, though good mental health is not merely the absence of mental illness.

From the above stated devastating effects of low self-concept on secondary school students, there is need that guidance counsellors intensify their efforts in modifying low self-concept among secondary school students. When behaviour modification is not done on low self-concept students by the stu-

dents' guidance counsellors, low self-concept would not be modified, other behaviour problems and maladaptive behaviours associated with it would not be curtailed. Although many works have been done on the use of assertiveness training and self-management techniques on reducing academic low self-concept and other specific aspects of low self-concept among secondary school students, the researcher deemed it necessary to find out the effects of assertiveness training and self-management techniques in modifying in totality and not specific aspect of students' low self-concept. Moreover, as at the time of this study, the researcher is not aware of any study that seeks to determine the effects of assertiveness training and self-management techniques in reducing the low self-concept of secondary school students in Awka Education Zone, Anambra State Nigeria.

The problem of the study is to use assertiveness training and self-management techniques to modify low self-concept among secondary school students. Thus, the question is what are the effects of assertiveness training and self-management techniques in reducing the low self-concept among secondary school students.

Purpose of the Study

The main purpose of the study is to determine the effects of assertiveness training and self-management techniques in modifying the low self-concept among secondary school students in Awka Education Zone.

Specifically the study intends to determine:

1. The effect of assertiveness training technique in reducing the low self-concept of secondary school students when compared with those who received conventional counselling using their pre-test and post-test scores.
2. The effect of self-management technique in reducing the low self-concept of secondary school students when compared with those who received conventional counselling using their pre-test and post-test scores.
3. The difference in the effectiveness of assertiveness training technique and self-management technique in reducing the low self-concept of secondary school students using their pre-test and post-test scores.
4. The effectiveness of assertiveness training technique in reducing the low self-concept of male and female secondary school students using their pre-test and post-test scores.
5. The effectiveness of self-management technique in reducing the low self-concept of male and female secondary school students using their pre-test and post-test scores.

Significance of the Study

The study would be useful to students, teachers, students' guidance counsellors, researchers, and society.

The study would benefit the students as the use of assertiveness training in enhancing students' self-concept would make the students to imbibe assertive

behaviours that would enhance students' effective interaction with their teachers and fellow students during teaching and learning. The use of self-management technique in enhancing secondary school students' self-concept would inculcate in the students the attitude of taking responsibility in modifying their behaviour problems. This is so because self-management relies heavily on an individual taking responsibility in modification of individual behaviour problem.

The use of assertiveness training in enhancing secondary school students' self-concept would be of immense benefit to teachers. This is because the students' assertive behaviours like expression of opinion, feelings and acting boldly, self-confidence, standing up to one's right among others would enhance effective teaching and learning, thereby making teachers' effort fruitful. Furthermore, the use of assertiveness training and self-management techniques in enhancing secondary school students' self-concept would ginger teachers to make referral of low self-concept students to students' guidance counsellors for behaviour modification.

Modifying students' maladaptive behaviour is one of the responsibilities of the students' guidance counsellors and base on this, students' guidance counsellors would be motivated to use between assertiveness training technique and self-management technique the behaviour modification technique that is more effective in enhancing self-concept among secondary school students.

The use of assertiveness training and self-management techniques in enhancing secondary school students' self-concept would be beneficial to future researchers who would be working on the related problem because the study would be a literature the future researchers would use to make a meaningful research work. Also the findings of the study would provide researchers a clue to possible areas for further studies in order to fill the gap unfilled by this study.

The use of assertiveness training and self-management techniques in enhancing self-concept among secondary school students would make the low self-concept students to have an improved personality thereby interacting and contributing to the society positively. This would affect the society positively. The use of assertiveness training technique in enhancing self-concept among secondary school students would make the students to imbibe assertive behaviours that would enhance their effective interaction in the society.

Scope of the Study

The scope was delimited to the effects of assertiveness training and self-management techniques on the low self-concept among senior secondary¹ and 11 (SS1 and SS11) students in Awka Education Zone of Anambra State. The study was delimited to public co-educational secondary schools in the zone. The independent variables were assertiveness training and self-management techniques while low self-concept was the dependent variable. The only moderating variable was the students' gender.

The choice of senior secondary 1 and 11 students was because they are likely to understand and respond well to the self-concept instrument and participate better in the assertiveness training and self-management behaviour modification techniques in the improvement of their low self-concept than the junior secondary students (JSS). The choice was also that the principals normally frown at involving their examination classes Junior Secondary Student111 (JS3) and Senior Secondary Students (SS3) in research study. This is due to the fact that they might be distracted from their studies in preparation for their West African School Certificate Examination.

Research Questions

The following five research questions guided the study:

1. What is the effect of assertiveness training technique in reducing the low self-concept of secondary school students when compared with those who received conventional counselling using their pre-test and post-test scores?
2. What is the effect of self-management technique in reducing the low self-concept of secondary school students when compared with those who received conventional counselling using their pre-test and post-test scores?
3. What is the difference in the effectiveness of assertiveness training technique and self- management technique in reducing the low self-concept of secondary school students using their pre-test and post-test scores?

4. What is the effectiveness of assertiveness training technique in reducing the low self-concept of male and female secondary school students using their pre-test and post-test scores?
5. What is the effectiveness of self-management technique in reducing the low self-concept of male and female secondary school students using their pre-test and post-test scores?

Hypotheses

The following null hypotheses guided the study and were tested at .05 level of significance.

1. There is no significant difference in the effect of assertiveness training technique in reducing the low self-concept of secondary school students when compared with those who received conventional counselling using their post-test scores.
2. There is no significant difference in the effect of self-management technique in reducing the low self-concept of secondary school students when compared with those who received conventional counselling using their post-test scores.
3. There is no significant difference in the effectiveness of assertiveness training technique and self-management technique in reducing the low self-concept of secondary school students using their post-test scores.

4. There is no significant difference in the effectiveness of assertiveness training technique in reducing the low self-concept of male and female secondary school students using their post-test scores.
5. There is no significant difference in the effectiveness of self-management technique in reducing the low self-concept of male and female secondary school students using their post-test scores.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

This chapter presents the review of related literature for the study under the following sub-headings: Conceptual Frame work, Theoretical Framework, Theoretical Studies, Empirical Studies, and Summary of Review of Related Literature.

Conceptual Definitions

Self-Concept

Low Self-Concept

Assertiveness Training Technique

Self-Management Technique

Theoretical Framework

Rational Emotive Behaviour Therapy

Instrumental/Operant Conditioning Theory

Client-Centered Theory

Theoretical Studies

Self-Concept

Stability of Self-Concept

Components of Self-Concept

Low Self-Concept

Psychologists Opinion that Relates to Low Self-Concept

Behaviour Characteristics of individuals with low self-concept

Techniques for training for Assertion

Clay Tucker-Ladd Four Steps in Building Assertiveness

Neil Rothwell Specific Techniques of Assertion

Assertiveness and Self-Confidence Methods and Techniques

Self-Management

Components of Self-Management

Empirical Studies

Studies on Low Self-Concept

Studies on Assertiveness Training Technique

Studies on Self-Management Technique

Summary of the Review of Related Literature

Conceptual Definitions

Self-concept

It is pertinent to define self before defining self-concept. The term ‘self’, according to Lindzey and Hall (2009), is the individual’s attitudes, feelings, and group of psychological processes which governs behaviour and adjustment. In this regard Iwuji (2010) has it that self is a very significant factor in behaviour. Additionally, she sees self as the most important single factor affecting behaviour including learning, and that is the factor that gives consistency and stability to behaviour. Rogers (2008) stressed that self among others, develops out of the organizations, interaction with the environment, strives for consistency; may change as a result of maturation and learning.

Onyejiaka (2009) defined self-concept as the awareness of one’s attitudes, and value in relation to one’s behaviour, abilities and qualities. It is what a person believes he is. Simply, self-concept is the individual’s comprehensive

evaluation of himself in terms of the totality of his abilities, attitudes, qualities, judgement and values. Akinpelu (2009) defined self-concept as person's perception of himself formed through his experiences with the environment. Santrock (2011) defined self-concept as an individual overall perception of his abilities, behaviour and personality. It is an individual's overall positive or negative evaluation of self. According to the researcher self-concept is how an individual sees himself after consideration on every aspect of his life and on that premise have either a negative or positive perception of himself. It could also be defined as overall assessment of one's self in different aspects of life that results to a rigid belief of an individual personality.

Low Self-Concept

Low self-concept as identified by Shaffer (2011) is individual who present a negative cognitive interpretation of self as being unworthy which may lead to a host of thinking patterns, reflecting self blame, self criticism and exaggerated idea of duty and responsibility. It is a subjective appraisal of oneself as intrinsically pessimistic.

According to Iwuji (2010) one is said to have low self-concept if he sees himself as physically unattractive, incompetent in many things, unhappy and unimportant to others. The researcher views, low self-concept as feeling of inadequacy, incompetence and deficiency, about self which makes an individual to react and respond to situations in characterised and distinctive ways.

Assertiveness Training

Dwairy (2008) viewed assertiveness training as a process of learning to stand up for one's rights and cope assertively not passively or aggressively. Wolpe & Lazrus (2010) viewed assertiveness training as consisting of the arrangement of environmental situations with the client so that certain behaviours inhibited by anxiety, can be expressed in overt behaviour. They maintained that assertiveness training gradually counters and conditions the fear and anxiety a person associates with a particular situation.

Goldfried and Davison (2008) viewed assertiveness training as teaching a skill to an individual who presumably because of faulty social learning experiences has a specific skill deficit and/or a behavioural inhibition. The researcher views assertiveness training as activities done on an unassertive person in order to instil boldness, confidence, expression of feelings, opinion and stand up to one's right.

Self-Management Technique

Self-management technique is the ability to monitor and adjust one's own behaviour. Self – management is a process whereby an individual perceives his problem sets goals, adopts strategies to use to solve the problem, applies the strategies and finally assesses the extent of his self-effort in solving the problem (Nwankwo, 2013). This means that when individuals experience behaviour problems, they set goals to solve them and proceed to implement the goals. In

other words, individuals can apply their own resources in other to gain control over some behaviours they don't like, sometimes with the help of a therapist.

Bandara (2010) defined self-management technique as an active and constructive process whereby learners set goals for improving their behaviour, plan actions, monitor, regulate and control their cognition, and behaviour. It is a cognitive therapy which emphasizes cognitive restructuring which provides a theoretical basis for the development of model of self-regulated learning in which personal contextual and behavioural factors interact in such a way that gives individuals an opportunity to control their behaviour.

Self-management is a process whereby a person actively implements specific procedures to control his or her own behaviour. Self-management involves the deliberate regulation of situations and events which lead a person to behave in a particular way (Andrasik & Heimberg, 2010). Self-management is a procedure in which people are taught to discriminate their own target behaviour and record the occurrence or absence of that target behaviour. It is a procedure with broad applications, though there is a general series of steps to follow, individualization is critical to increase the likelihood of success (Koegel, Koegel, & Parks, 2010). The researcher sees self-management as effort made by a motivated individual that has behaviour problem to achieve an adaptive behaviour.

Theoretical Framework

Rational Emotive Behaviour Therapy

Low self-concept has its framework on the Rational Emotive Theory propounded by Albert Ellis in the year 1962. The major theme of this theory is that People often get disturbed through their acquisition of irrational thoughts, beliefs, and philosophies and these philosophies actually upset them. Unhappiness comes from within and can be controlled, unlike what comes from outside which cannot be controlled. Man is responsible for his own actions, feelings, thinking and has the ability to intervene between environmental input and emotional output.

Ellis added ABC theory of personality to explain what makes people disturbed. According to him, 'A' represent an external or activating event to which a person is subjected; 'B' stands for the individual's irrational belief system – a succession of self – talk in which the individual is engaged in response to 'A' or the individual's interpretation of 'A' as being very bad. 'C' is the feelings and behaviour that results from 'B'. Ellis explains that 'A' is not the determinant of 'C' instead 'B' (the self interpretation, belief and self-verbalization) is the cause. Therefore 'B' controls 'C' or has effect on 'C'. In everyday events, people reactions to the same situation are different at 'B' stage.

Cognitive learning model emphasizes that learning occurs through proper application of cognitive processes such as thinking, reasoning, perception, remembering, and conceptualizing of experiences the way they are. Therefore, the

cognitive learning model upholds the role of mental processes rather than conditioning in the process of learning. Based on this premise, it stands to reason that what individuals say to themselves, their thoughts, feelings, beliefs, reasoning, and perception influence their behaviour and their level of anxiety. Thus covert behaviours influence overt behaviours of organisms.

In relation to the study, Rational Emotive Theory is a cognitive theory which believes that irrational/illogical thought is the cause of emotional problems and likewise low self- concept is an irrational/illogical cognitive schema that an individual creates from experience thus both are cognitive affair, because they bother on thought. Rational Emotive Theory points that individuals difficulties or maladaptive behaviours are as a result of distortion in perception and illogical/irrational thinking. On this reference point, low self-concept is caused by illogical/irrational thoughts, interpretations and self-statements about events which exert a strong negative influence on the individual's self-concept. This means that low self-concept is not caused by environmental events/factors but caused by the way these events are perceived/interpreted by the individual.

In Rational Emotive Theory individuals are helped to identify their irrational and distorted thinking and further helped to imbibe more adaptive belief system through cognitive restructuring, thus Cognitive Field Theory by gestalt psychologists is a frame work on which improvement on low self – concept is built.

Instrumental/Operant Conditioning Theory

Assertiveness training has its theoretical framework on instrumental/operant conditioning. The propounder of the theory is an American psychologist, Thorndike in 1939, while B.S Skinner builds on Thorndike's work. The theme/tenet of this theory deals with strengthening and weakening of behaviour by the stimulus consequences. When the consequence is positive the behaviour is strengthened (that is repeated) and when it is negative, the behaviour is weakened (not repeated). The conditioned stimulus of pressing the lever was rewarded with food and this serves as reinforcement. The other operant of pecking the walls resulted in errors or non availability of food and this made it to be eliminated – thus the behaviour of pecking the wall not strengthened.

In connection with the study, unassertive students would be trained in the course of the assertiveness training to perform some activities (operants) that gear toward building self-confidence, expression of feelings, opinion, and acting boldly, imbibing social skills, and standing up to their rights and if these activities (assertiveness training) result to the students being assertive (positive consequence), the assertiveness training (operants) are strengthened; by students continuation on practicing the operants which probably will improve the students' assertive behaviour. When the assertiveness training (operants) result to negative consequence, that is students not being assertive, the assertiveness training (operants) are weakened; that is students not continuing in practicing the assertiveness training (operants). In the above situations, the process and the

consequences are reinforcement; which could be positive or negative; the consequence (assertiveness/unassertiveness) is reinforcer while the reinforcing stimuli are the operants. It is the view of this theory that both assertiveness and unassertiveness behaviours of the students have been learned by being reinforced by the environmental contingencies and therefore it is possible to unlearn the undesirable unassertive behaviour by the students.

Client-Centered Theory

Self-management technique has its framework on the Client-Centered Theory. Client-Centered Theory was propounded by Carl Rogers in 1959. It is a non-directive technique which the tenet/ theme states that given a facilitative condition that man has the potential to actualize himself. The theory views man as good, rational, constructive, realistic, socialized and capable of becoming whatever he wants. Man can become good with an adequate psychological climate – thus man is the determinant of his own destiny, if the proper environment is provided, man can actualize his potentials and resolve his problem. The client is expected to take responsibility in resolving his problem. He does not rely on any person but takes active part in resolving his problem. The counsellor /therapist is to provide a conducive/facilitative condition which will enable the client to be active and resolve his problem.

In connection with the study, behaviour self-management is the ability of an individual to monitor and adjust his low self-concept, likewise Client-

Centered Theory emphasizes on an individual using his potentials to resolve his problem given the therapeutic or facilitative conditions. Low self-concept students will be encouraged and guided by the therapist to use their potentials to resolve/modify their behaviour problem (low self-concept). The therapist will also provide the facilitative conditions to enable the students achieve the above. The therapist role is limited, while bulk of the responsibilities in resolving the students' low self- concept lies on the students. The students will be highly involved in the self-monitoring of their behaviour with the low self-concept monitoring checklist to note the low self-concept behaviour characteristics they exhibit, self-measurement to know the extent/degree of the low self – concept characteristics they exhibit, self-mediation to state goals to achieve in order to improve on their low self-concept, and lastly self-maintenance; adopting some skills and techniques as guided by the therapist to work on their low self- concept. In doing this, the pivot message of Client-Centered Theory is that if proper environment is provided that man can use his potentials to resolve his problems and actualize himself is achieved by the students.

Theoretical Studies

Self-Concept

Nnodum (2013) has the opinion that self-concept is the picture/view an individual has of himself. In line with her view, Onyejiaku (2008) noted self-concept as essentially the awareness of one's attitude, judgements and value in

relation to one's behaviour, abilities, and qualities. Their views depict self-concept as a unitary entity.

Contrary to the above perspective, Cooley (2010) used the term “looking-glass self” to convey the idea that self-concept reflects the evaluation of other people in the environment. This illustrates the idea that individuals sense of self-concept is primarily formed as a result of their perceptions of how others perceive them. In other words, the appraisals of others act as mirror reflections that provide the information that individuals use to define/determine their own sense of self. Smith (2010) shares the same view with Cooley as he believes that self-concept to a considerable extent is a mirror reflection of how an individual is perceived by one's self and others who are significant to him. In disagreement with the above, Schrauger and Schoeneman (2009) has the opinion that self-concept is not what people think and believe you are. One's perception of self may tally to some extent with what people believe about him, or runs parallel with perception of other people about him.

Perceived in a different dimension, Markus and Nurius (2009) believed that self-concept is not response to experiences, but a complex cognitive schema an individual creates from experience. Self – schema is a cognitive structure an individual constructs as he receives information about himself. Markus and Nurius maintain that most self-concepts are open to change as one encounter new experiences and base on self-concept fluctuation, Simmons, Rosenberg and Rosenberg (2009) also pointed that most marked fluctuation in

self-concept occur during the transition into adolescence, rather than over the course of adolescence.

Cognitive Theories and Role Theory emphasized on multifaceted nature of self-concept. Cognitive Theories describe various aspects of self in terms of multiple schemas while Role Theory talks about multiple identities or multiple selves in the sense that one can think of himself as an athlete, orator and an intelligent person. In line with the above, many researchers viewed self-concept in multifaceted way as such Frank and Dale (2010) emphasized that self-concept comprises various dimensions, areas or facets of life; some of which are more related to physical, social, academic and emotional aspects of personality using the metaphor of self as a mirror. Frazier (2009) also explained that self-concept is multifaceted, hierarchical, organized and structured, descriptive and evaluative, stable and yet increasingly situation specific. From his definition of self-concept, he sees self-concept as barometric; that is something that fluctuates. This opinion of Frazier is consistent with the multi-dimensional and hierarchical models of self-concept (Shavelson & Bolus, 2011).

Huber and Starton (2008) also shared the view that self-concept is multifaceted, hierarchical, stable, developmental, evaluative and differential. Marsh (2013) had the same opinion and added that self-concept is differentiated into physical, social, and academic while Tamunomena (2008) agreed to the above and added psychological factor as one of the attributes of self-concept. Odoemelam (2009) also remarked that self-concept is not a unitary entity, but a mul-

tifaceted concept and that is the reason her standardized self-concept inventory covers social, physical and psychological perspectives. Iwuji (2010) pointed that self – concept is how a child/individual perceives himself physically, intellectually and emotionally, and also how he feels others regard him falls within the multifaceted nature of self-concept. Self-concept at the multifaceted perspective is where the individual is real and knows the strength and weaknesses of self while self-concept as unitary entity operates at the thinking level, that is what the individual thinks he is which may or may not be objective.

Stability of Self-Concept.

Rosenberg (2008) opined that no matter the perspective self- concept is defined that there are two aspects of self-perceptions namely barometric and baseline self-concept. Former refers to the extent to which our feelings about us shift and fluctuate from moment to moment while later in contrast is less transitory and less likely to fluctuate. Rosenberg also pointed that fluctuation in self-concept is most likely to occur between the ages of twelve (12) and fourteen (14) compared with older adolescents fifteen (15) and above and with preadolescents eight (8) to eleven (11) years old. The most marked fluctuation in self – concept occur during the transition into adolescence rather than over the course of adolescence itself.

Smith (2008) pointed that self- concept of a preadolescent will be more structured than that of an early adolescent with increased stability in late adoles-

cent and adulthood. The rationale for this hypothesis is quite simply that the adolescent's search for identity leads to a breakdown in the self-concept, the self-concept is restructured when the adolescent enters early adulthood with a new self identity formed by the resolution of the identity versus identity diffusion crisis.

On the stability of adolescents' self-concept, he pointed that adolescence is a period of restructuring the self-concept; it should be expected, then that self-concept of a preadolescent will be more structured than that of an adolescent. Increased stability should be seen in adulthood. Smith also pointed that studies that report very high stability in self-concept over adolescence are likely tapping the individuals' baseline self-concept and this is because the determinants of baseline self-concept are relatively stable factors such as social class (middle class adolescents have higher self-concept than do less affluent peers), sex (boys have higher self-concept than girls), academic ability (more academically able adolescents have higher self-concept (Bachman & O'Malley, 2009)). In contrast, studies that show fluctuation and volatility in self-concept during early adolescence are probably focusing on the barometric self-concept and Rosenberg (2009) has it that it is so because of the egocentrism common in early adolescence, more socially active and increased importance of peers.

Components of Self-Concept

Carl Rogers in his humanistic approach stated that the self is composed of three components of self-concept namely self-image, self-esteem, and self-ideal.

Self-Image. This is the view one has of self like I am James, short, kind, light in complexion, among others. Kuhn and Mc Partland (2010) has it that individuals can investigate their self-image by asking and honestly answering the question “who they are”? The answer to this question is categorized into social roles, personality traits, and physical characteristics. Social roles are objective aspects of self-image. They are real facts which cannot be questioned. Example son, daughter, student, father among others. Personality traits, is subjective and self-opinionistic like I am friendly, wicked, among others while physical characteristics reflects qualities like height, complexion, stature, among others. Self-Image thus refers to the kind of person an individual thinks he is.

Self-Esteem. It is evaluation one has on his self-image; as regards how one like or dislike the kind of person he is – overall value placed on self. Self-esteem could be assessed on global or specific basis.

Self-Ideal. It is the kind of person one wishes to be (Richard, 2008). For example, if one thinks he is not academically brilliant (self-image), he would want to be academically sound (ideal – image). Ideal-self also has global and specific basis.

Low Self-Concept

Some Psychologists' Opinions that Relate to Low Self-Concept

Some psychologists' opinions that relate to low self-concept are the Individual Psychology of Alfred Adler and Abraham Maslow's Hierarchy of Needs.

Alfred Adler Individual Psychology

Adler in his Individual Psychology presents his views on the nature of man as a creature imbued with innate inferiority feelings and the compelling need for a compensation. He believes that a normal man is usually triggered to progress when he makes efforts to compensate for his inadequacies or inferiorities of which he may or may not be conscious. He emphasized that man is a special creature conferred with ability to notice incompetence and inadequacy in the affairs of his life. Adler believes that a man's sense of inferiority or dissatisfaction regarding his present state of life usually functions to pull man up to a situation of constant urge to compensate for the noticed deficiencies in his life, thus man does not only experience a feeling of inferiority concerning his present situation but also tries to do something about it through compensatory activities by striving to improve himself in an effort to neutralize the negative feelings of inferiority. Some individuals however, become incapable to involve in any compensatory activity thus cripple by sense of inadequacy and are said to have inferiority complex.

Indeed, Adler has always contended that inferiority feeling is not a sign of abnormality but rather a primary cause for all efforts to improvement noticeable in man. This is another way of saying that under normal circumstances of life, the feeling of inferiority as understood by Adler is the great driving force, essential for creativity and development in man.

Abraham Maslow's Hierarchy of Needs

Maslow suggested a universal order in which people try to satisfy their needs – from physiological, safety, love and belongingness, esteem and to self-actualization. Esteem need embraces those relating to self-esteem, self-respect, self-regard, and self-evaluation. These are the needs of being worthwhile and capable of making a contribution to the society. Real self-respect is based on achievement, and manifest themselves in a feeling of self-confidence and a corresponding desire for recognition by others. There are esteem needs that are related to respect from others: reputation, recognition, status, social success, fame, and glory. This can be gratified in some individuals by making conscientious effort. Based on this conception Coopersmith (2008) noted that failure to gratify the need for respect, reputation, or adulation from others can produce inferiority complex which is one of the commonly observed psychological disturbance.

Behaviour Characteristics of Individuals with Low Self-Concept.

Lack of assertiveness and low self-concept

According to Neil Rothwell (2009) low self-concept individuals are generally unassertive in their interaction with people and are easily intimidated and do not take actions when they are supposed to. They are often too fearful to ask for what they want, share their feelings, instead they tend to become passive until their anger builds at which point they can become aggressive-defensive, sarcastic, brusque or rude, even violent. They are often too fearful of upsetting others and to tell the truth; so that they will not be rejected, usually unable to say 'no' to peoples' request and cannot stand up even for their rights and this is not healthy. They can also behave passive-aggressively when they are angry thus Roberson and Rymph (2008) reported acquisition of assertiveness skills enhance personal relationship and interaction and Eskin (2010) characterized assertiveness as an important social skill that promotes personal well being.

Poor communication and low self-concept

Fear, anxiety, lack of social skills and generally unassertiveness of low self-concept individual's make communication a problem for them. (Nnodum, 2010). Nnodum illustrated this by explaining that when a person feels inadequate, he will be fearful of stating his true feeling, won't believe he has the right to ask for what he wants, may be reluctant to confront others, and may think he has nothing to offer. He may also be so fearful of rejection that he is reluctant to

state his opinions or ideas, especially with people he doesn't know well or in groups of people. This fear of communication is a problem for friends, partners, and others who want to discuss issues but find the person with low self-concept unwilling to listen, unwilling to take part in discussion or coming to a better understanding of the issue.

Lack of social skills and low self-concept

Social skills are behavioural skills which an individual exhibits in the process of interaction with people in order to belong, become accepted and get along with them (Nnodum, 2010). She pointed that isolate behaviour exhibited by low self- concept individuals make them to lack the necessary social skills such as conversation skill, assertiveness skill, play interaction skill, self – related behaviour, self-help skill, greeting or salutation skill, ability to smile and laugh when appropriate, ability to be cooperative, accommodating and understanding, and to participate in group work.

To lend credence to the above Rosenberg and Owen (2010) attest that low self-concept individuals social failures make them to develop shame and tend to avoid social situations/settings where they could be humiliated. Rosenberg and Owen also observed that Low self-concept individuals are paralyzed by not knowing what to do or say in social settings and this makes them to fall behind their peers which makes other children to ridicule and reject them for being different. They also observed that low self-concept individuals are reluctant to reach out for help as this would mean facing their lack of social skills and ad-

mitting it to someone else. Consequently, they remain behind throughout their lives, unable to initiate and maintain relationships, frustrated and miserable, but unable to change their behaviour or their circumstances. Moreover, low self-concept individuals experience social anxiety, low level of interpersonal confidence which in turn makes social interaction with other difficult as they feel awkward, shy, and unable to adequately express themselves when interacting with others.

Withdrawal and low self-concept

Ogunbawo (2008) emphasized that low self-concept individuals rarely engage in social interaction with others, and are therefore regarded as social isolates. An isolate in his view is a person who demonstrates typically very low rate of social behaviour interactions with others such as peers. In affirmation, Nnodum (2009) opined that socially an isolate could be described as an individual who is unwilling or finding it difficult to interact or associate with others such as peers or classmates. Low self – concept individuals manifest extreme or high level of social withdrawal and they are seen as being socially awkward, make poor social contacts, hide themselves from everybody, are invisible, get lost in a crowd and generally make themselves inconsequential.

Faulty self – image and low self - concept

Iwuji (2010) pointed that low self-concept is the view or belief one has as being inadequate, unlovable, unworthy and/or incompetent. The perception comes from one's experiences in life. Lending credence to the above Iwuji

gathered that if a parent mistreats a child, the child thinks he deserves it, if he is abandoned, he tells himself that he is insignificant, if the parents withhold affection and love, the child views himself as unlovable.

In the same view Shaffer (2011) pointed that if a child is criticized repeatedly he thinks he must be incompetent, if he is abused he thinks he must be unworthy of anything better. He also pointed that negative self-image held by a child is as a result of irrational/illogical beliefs a child holds about events he has experienced. In support of Iwuji and Shaffer, Nnodum (2010) acclaimed that the first few years of a child's life sets the stage for his view of self and thereafter affects his entire life and is based, not on the truth about who he is, but rather on the rejecting, inappropriate, and abusive behaviour of others.

Nnodum also pointed that once this faulty view of self is formed it affects everything in the child's ongoing life: his decision making, ambition, creativity, assertiveness, choices, and dreams. She also asserted that once a child develops an image of herself as inadequate she treats herself and expects to be treated accordingly. Odoemelam (2009) holds that low self-concept individuals put little value on themselves and their accomplishments even feel embarrassed when receiving compliments as they feel that they are undeserving of it and even criticize people who compliment them, for having low standards or for misjudging them. They feel that they are not good enough and that they are worthless and often feel ashamed of themselves. They seek for reassurance.

Odoemelam also pointed that low self-concept individuals tend to be overly critical of themselves and inwardly agree with others' criticisms of them, even though they may initially put up an argument against any negative feedback. The individuals most often have poor body image of themselves.

Irrational and distorted self-statements and low self - concept

The perceived negative or faulty self-image of low self-concept individuals leads to irrational and distorted self-statements in which an inner dialog of untrue/unproven negative self-statements are made to self (Ellis, 2008). Ellis also opined that irrational/negative thinking and distorted statements made by low self – concept individuals make them to see themselves in the same way. Beck (2009) and Corsini and Wedding (2010) emphasized that maladaptive emotional reactions are mediated by individual illogical thinking, beliefs, assumptions, attitudes and situations about the world around them. The unhealthy thinking produce negative emotions such as anger, low self – concept, frustration etc. that could be detrimental to the individual psychosocial functioning and mental health.

Perfectionism and low self-concept

The fact that low self-concept individuals feel so imperfect and so inadequate make them anxiously exert tremendous energy into looking and acting in ways that are acceptable. Their perfectionist tendencies may focus on always being the best dressed, with never a hair out of place, needing to have perfect

grades, getting perfect reviews or else feeling devastated and a failure. There is no in between for those with low self-concept; they think in terms of two extremes, black or white, all or nothing, successful or failure, thus anything less than perfection is failure (Huber & Starton, 2008).

Beck and Davis (2009) pointed that low self-concept individuals can't imagine a range of outcomes such as partial successes, or mistakes that provide learning opportunities. Perfectionism is also evident in people who try to be seen as sophisticated, learned, and only leads to more feelings of failure when they can't maintain this behaviour. In recovery, the person will come to recognize and understand their patterns of behaviour and the consequences of them and with practice will gradually become more assertive which is the preferred mode of communication in order to maintain healthy relationships.

Projection and low self-concept

Ellis (2008) asserted that low self-concept individuals think and believe that others view them in the same negative ways that they view themselves. He also pointed that low self-concept individuals have the habit of projecting onto others their own worst fears. Thus if they think that they are incapable of something, they believe that others think likewise about them even though they have no viable proof that this is true. When someone behaves in ways similar to the negative ways they already see themselves, they see this as a confirmation of their inadequacy, their lack of significance, and then engage in irrational and distorted self – statement that bring on additional negative feelings.

Overly critical of self and others and low self-concept

Greenberg (2008) attest that unknowingly, low self-concept individuals tend to be very critical of themselves and others. This overly critical attitude comes from their feelings of inadequacy and fear of making a mistake. Their over attention of doing things 'right' extend to others who they also judge with a critical eye. Sometimes seen as arrogant because they are so critical of others, they are likely trying to build themselves up by putting others down. Unaware that they are more critical than other people, they focus on the negative rather than the positive and give more weight to the negative in both themselves and others.

Reactionary and low self-concept

Low self-concept individuals overreact emotionally to situations in which those with healthy self-concept would not. Filled with negative beliefs about themselves, those with low self-concept often overreact to comments or behaviour of others that they view as inappropriate or offensive. Lending credence to the above, Nwankwo (2009) pointed that low self-concept individuals may become completely enraged in response to a simple comment, may become despondent as a result of a disagreement, or may become devastated when someone cancels plans with them. They can instantly react, becoming angry, sarcastic, blaming, or accusatory when they feel slighted, unappreciated, treated as insignificant. In some cases, they are imagining that others are purposely mistreating or ignoring them when it is not so, for their perception is distorted due to the

belief that others see them as negatively as they see themselves. Nwankwo also observed that low self-concept individuals overanalyze and over think their problems, always anxious and fearful making them preoccupied with their own problems.

Rigidity and low self-concept

Shrauger and Schoeneman (2009) pointed that low self-concept individuals always exercise fear of ‘doing something wrong’ and receiving negative feedback, thus narrow their choices to be safe from erring. They also emphasized that low self – concept individuals grab hold of the notion that there is one right way to do things – usually the way they were taught. Once the ‘right’ way is recognized, they feel they can then remain safe from ridicule, rejection, disapproval, or from making a mistake in judgement that might have other negative consequences. With only one ‘right’ way every other position is then ‘wrong’. Seeing everything as good or bad, and knowing which is which makes it easier to know what to do.

According to Onyejiaka (2009) low self-concept individuals are unable to trust their ability to know what is right, however, they look to others for those answers or they may go by the rules they were taught as a child, fearful to decide for themselves on any issue that might be controversial. So Mary may say, “I know this specific household product is the best because my mother always use the brand” or individuals may think that this or that is important or unimportant in life because of what she was told or what was modelled for her. Once

they are told what is right by a reputable person, they become closed to considering a different view point, unable to think that any other way is acceptable. They become rigid in their thinking and judgmental of others who think, feel, or act differently. They basically don't develop the ability and freedom to look at issues and consider the varying merits before choosing a side.

Defensiveness and low self-concept

Onyejiaka (2009) pointed that low self-concept individuals can become defensive when merely being asked for an opinion, for an idea, or merely for their input on a decision. Expecting that they might be criticized or their suggestion might receive disapproval, they will often deny the obvious, unable to admit a mistake, poor judgement, or an offense. They lack courage and their fear of being criticized prompts them to postpone taking decision.

In line with Onyejiaka, Frank and Dale (2010) stated that low self-concept individuals doubt their ability to make good decisions, often overly submissive to – and blindly follow – authority figures without wavering or sizing up the situation on their own. Such blind allegiance without studying or assessing the situation can lead people to give control of their lives to others who don't have their best interest at heart, whose views are questionable, or whose views are radical in one direction or another.

Lack of self-confidence and low self-concept

Nnodum (2009) emphasized that low self-concept individuals don't believe in themselves and are usually not optimistic. It leads to feeling of incompetence, worthlessness and self-degradation. They do not often engage in doing things because they feel they will not do well – therefore shy away from responsibilities. They fail to recognize their potentials and qualities and thus are afraid to take up responsibilities. Even when they take up responsibilities, do not believe they have done well because they do not believe in themselves.

In line with Nnodum, Odoemelam (2009) observed that when something discouraging happens low self-concept individuals interpret the situation as proof that they will not prevail in their attempts to be successful. Even over-achievers don't believe in their success, instead viewing themselves as merely 'lucky' and expecting their success to eventually evaporate. Wiehe (2008) was emphatic by pointing that all low self-concept individuals lack confidence in new situations where they don't know what is expected of them and are fearful that relying on their own judgment may produce behaviour that is wrong in the eyes of others, thereby eliciting disapproval. They seek approval from others and feel comfortable only when others appreciate what they do.

Imagination and low self-concept

Frazier (2009) holds that imagination involves perception low self-concept individuals have about what others are thinking or really feeling about them. Those with low self-concept unwittingly make up stories in their minds

about the behaviour, motivation, and intent of others – what others are thinking, feeling, what is really meant by the behaviour and word of others, without first checking out their perceptions. These stories are always negative – based that the low self – concept individuals feel that people are taking advantage of them, taking them for granted, or mistreating them when it isn't actually so. In this way they take things personally and believe their emotional reaction to be accurate. This process is a cognitive distortion (irrational or distorted thinking) and is present to some degree in all low self-concept individuals causing them to act inconsistently and/or irrationally and to feel confused about who and when to trust.

Chaotic relationship and low self-concept

Smith (2008) opined that those with low self-concept might have chaotic relationships. Self-focused, hypersensitive, feeling unlovable, defensive and with other consequences of low self-concept, it would obviously be difficult to build and maintain a close, honest, mature relationship. Instead there is usually a predominance of hurt feelings, misunderstandings, defensiveness and blaming, unreasonable expectations, poor communication, holding in feelings and in all chaos thus Baumeister, Campbell and Kathleen (2011) concluded that low self-concept individuals tend to be pessimistic towards people and groups within the society.

Wearing a mask and low self-concept

Low self-concept individuals try to look calm when they are not; try to hide their embarrassment when they think they've made a mistake; attempt to look like they understand a discussion when in fact they don't; try to look confident when they feel inadequate; and exert a lot of energy trying to 'look good'. They feel that others will think less of them if they show emotion or admit to 'not knowing' something and try to maintain the appearance that all is well, when that is not at all how they feel. They feel too vulnerable to let others understand they have problems or that they have difficulties in their lives (Alberti and Emmons, 2008).

Aggression and low self-concept

Morganette (2009) pointed that low self-concept individuals exhibit aggression and use it as a means of raising their self-concept. But substantial researches contradict this assumption, showing that many aggressive individuals exhibit adequate, if not inflated self-concept. Similarly, although some evidences suggest that low self-concept may be a weak risk factor for smoking in girls, the relationship between self-concept and the use of alcohol and illegal drugs has little support (Baumeister, 2009). Also low self-concept individuals are often considered to be depressed, but the evidence for this is weak.

Hyper vigilance and low self-concept

Baumeister (2013) gathered that low self-concept individuals are anxious constantly and fearful of making a mistake, and are overly watchful of the behaviour of others. Ever vigilant of what others do and say, they search for clues on what to do in all most every situation. They also scrutinize the reaction of others, frequently misinterpreting what they see or hear for there are many reasons why people act and react as they do. Unless they ask for clarification, however (which is not always possible) often what they conclude is inaccurate. Uncertain if their observations are correct, they tend to vacillate between blaming themselves or blaming the other person when situations don't go as anticipated.

Self-Sabotaging and low self-concept

Self-sabotage is to behave in ways that are not in one's own best interest. Self – sabotaging falls into three categories:

The floaters: Salter (2011) illustrated the self-sabotaging attitude of low self-concept individuals by pointing that they float through life, take what comes their way, are unable or unwilling to take charge of their lives or make changes, These people often become underachievers, convinced in the best they can do and fearful of failure or rejection. They avoid taking classes (for fear they would fail), don't join groups (for fear they won't fit in), refuse to seek therapy (because it would be an admission of inadequacy), and may even be ashamed to be seen purchasing a self-help book. Thus, they remain stuck, repeating their mis-

takes, unaware of their self-defeating behaviour, and unable to do things differently from the past.

The Needy: Salter also attest that low self-concept individuals are plagued by anxiety, unassertiveness, lack of self-respect, appropriate social skills and confidence, thereby rely on others for decision-making, defer to others' ideas and values, try to please others to be liked, act helpless, and don't respect themselves or feel they have worth.

The Workaholics: Salter also pointed that low self-concept individuals devote majority of their time and energy to be successful in their careers. Success brings them a modicum of satisfaction and feelings of adequacy as long as they remain in the position from which they get praise and/or respect and reward. Tending to gravitate where they feel best about themselves, work becomes a form of self-sabotage, as they place work before family or social arenas in which they feel less adequate. Workaholics often do not have time for a personal life or ignore and neglect those who are in their lives. Often they become overachievers

Techniques for Training for Assertion

Assertiveness training was introduced by Andrew Salter in 1961 and popularized by Joseph Wolpe. Questionnaire like the Willoughby Schedule and Rathus Assertive Schedule are used to gain information on the assertiveness of an individual. These assessment instruments help delineate areas an individual

has difficulty being assertive. According to Wolpe (2008) the goals of assertiveness training include:

1. Increased awareness of personal rights.
2. Differentiation between non-assertiveness and assertiveness.
3. Differentiation between passive-aggressiveness and aggressiveness.
4. Learning both verbal and non-verbal assertiveness skills.

Numerous researchers used assertiveness training technique to modify behaviour problems. Cognitive restructuring and assertiveness training were investigated in relation to improvement of low self-concept a family relationship of Junior Secondary School Students 11 by Osarenren and Ajero (2013). They found that the two techniques were effective in improving the self-concept and family relationship of students abused by siblings. Akinade (2009) in a study to build self-concept using assertiveness training and persuasive skills among 32 adolescents between the age of 11 to 18 years found that assertiveness training technique and persuasive were effective in reducing shyness as an indicator of low self-concept. Ashamu (2010) conducted a research on the effectiveness of cognitive behaviour therapy in the treatment of low self-concept and methods used include conversation skills, assertiveness training peer modelling, and cognitive restructuring. The study found significant improvement in those treated with assertiveness training and cognitive restructuring,

Assertiveness training was found to be effective in improving the social coping skills of people, modifying people aggressive behaviour and preventing adolescents from using alcohol, tobacco and other drugs (Metz, Feummeler, & Brown, 2011). Nnodum (2010) investigated the effectiveness of assertiveness training, modelling, and their combination in improving the isolate behaviour and social skills of low self-concept students and revealed that the techniques were equally effective.

Nwankwo (2009) opined that behaviour rehearsal, modelling, feedback, reinforcement, bibliotherapy, coaching and covert rehearsal among others are quite effective in training for assertion. He illustrates coaching technique with a classroom situation by presenting the steps as follows:

1. **Establishing the problem situation.** This could be anxiety, fear, or shyness in asking or answering questions in the class
2. **Establishing boldness in the client.** This is done by making the client to understand that nothing is wrong in asking or answering questions and that the person will not be punished, beaten or assaulted either rather the worst thing the client can expect could be insults from some naughty students or the teacher who may hush him down. The therapist prepares the client's mind to damn all these perceivable consequence
3. **Rehearsal or Practice.** This involves the rehearsal of the desired behaviour in an artificial or simulated situation. The therapist coaches the client to

stand in a group of younger siblings at home or could do it all alone by asking and answering questions. This should be done several times until the client feels he can do it in real classroom situation.

4. **Executing the plan.** This involves the client putting into action all that he has been practicing on asking and answering questions in the class.

According to Nwankwo, assertiveness training consists of three primary components: role-playing, modelling, and covert rehearsal. The above steps could be adopted in using assertiveness training to reduce shyness, withdrawal, lack of self-confidence, enhance expression of feelings, opinions and wishes. Also the above steps could be used to instill standing up for one's right, disapproval, asking for favour, letting others know what one want, and turning down requests. This will reduce manifestation of low self-concept characteristics of individuals.

Clay Tucker-Ladd Four Steps in Building Assertiveness.

Clay Tucker-Ladd (2010) presented four steps in building assertiveness as follows:

1. **Realize where changes are needed and believe in your rights.** He emphasized that the first task in becoming assertive is to work out the situations where an individual does not stand up for his right. The individual should find out whether it is at work, home, when out with friends, young people, relatives, op-

posite sex, and with people in authority, the type of unassertive behaviour exhibit by the individual, and have knowledge of his rights.

2. Figure appropriate way of asserting yourself in each specific situation that concerns one. According to him, watching a good model, discussion of the problem situation with a friend, parents, supervisor, counsellor or other significant persons, and carefully noting how others respond to situations similar to yours and consider if they are being unassertive, assertive or aggressive.

3. Practice giving assertive responses. In this he talked about making use of role – play and covert rehearsal to practice assertiveness. In role-playing, practicing with a friend situation that involve behaving assertively is recommended by him and in later, thinking and planning how to tackle a situation assertively by imagination and going ahead to do it physically is also recommended.

4. Try being assertive in real life situations. He also pointed that in training for assertion individual should start with the easier less stressful situations and gradually builds some confidence and make adjustments in his approaches as needed. Nwankwo also pointed that an individual should look for or devise ways of sharpening his assertiveness skills by imbibing social skills, speaking up, making requests, ask for favours, and insist on his rights. Also expression of negative emotions (complaint, resentments, criticism, disagreement, intimidation) when necessary, express positive emotions (joy, pride, love, attraction, compliments) when necessary, question authority and not being rebellious but

to assume responsibility for asserting himself, share control of the situation and to make things better should be exercised. And lastly emphasized that individuals should learn to deal with minor irritations before their anger builds into intense resentment and explosive aggression.

Neil Rothwell Specific Techniques of Assertiveness

Neil Rothwell (2009), a clinical psychologist suggested some specific techniques of assertiveness one may find helpful for particular situations as follows:

1. **The scratched record.** This technique involves simply repeating your request or refusal in exactly or different ways every time one is met with resistance. You calmly and firmly repeat a short, clear statement over and over regardless of the excuses; diversions, or arguments given by the other person until the person gets the message. An example is an interaction between a seller and a buyer as stated below:

Customer: Hello I would like to return these trousers because they have got a stain on them.

Seller: We do not have any more of that size in stock.

Customer: I would like a replacement pair.

Seller: Ok, we will reorder them and they should be by the end of the week.

The disadvantage with this technique is that when resistance continues, your request may lose power. The line between repeatedly demanding versus coercive nagging, emotional blackmail, or bullying could be thin, and the caricature of assertiveness training as training in how to get your own way or how to become as aggressive as the next person is perpetuated.

2. **“I messages”**. This entails expression of feelings by an annoyed person than attacking the offender. It involves the use of the word “I” in what you say which means you take responsibility for your feelings. Be firm, strong, and be sure of yourself, don’t get emotional. Communicate to the person involved the troublesome situation as you see it. Describe the changes you would like to be made, be specific about what action should stop and what should start. Be sure the requested changes are reasonable, consider the other person’s needs too, and be willing to make changes yourself in return. Be very specific about time, and actions, don’t make general accusations and be objective. Focus on the behaviour of the person you are dealing with and not on his apparent motives.

3. **Taking Criticisms**. One important feature of being assertive is to be able to take helpful criticisms as opposed to negative insults as well as to give it. This type of criticism is often a chance to learn about yourself as others see you. It is often helpful to simply listen to what the other person is saying and repeat back in your own words. For example.

A: You don’t suit that shirt at all.

B: Ok--- there is something you don't like about it.

A: The colour is wrong for you and the collar is too large.

B: You feel it would be better some other colour?

A: Well I thought that blue shirt you had on yesterday looked great. I hope you don't think I am being too blunt.

From the above interaction, it is noticed that **B** neither immediately agrees with what was said nor becomes defensive. Two unhelpful replies to “**As**” first comment would be:

B: “Yes, I am a terrible dresser” – which is not what **A** was talking about because it is not how **B** dresses all the time.

B: “What a cheek! You are not a super model yourself” – which is likely to lead to an argument. By simply listening to what **A** said it was possible for **B** to find out something useful about the way he or she look and gain the respect of **A** for being able to accept the comment.

Assertiveness and Self-Confidence Methods and Techniques

Ammoni (2013) pointed that to develop, build, and boost self-confidence and assertiveness is probably a lot easier than one think by using simple techniques as follows:

1. Know the facts relating to the situation and have the details to hand. If you know and can produce facts to support or defend your point, it is

unlikely that the aggressor will have anything prepared in response. When you know that a situation is going to arise over which you would like to have some influence, prepare your facts, do your research, do the sums, get the facts and figures, solicit opinion and views, be able to quote sources; then you will be able to make a firm case, and also dramatically improve your reputation for being someone who is organised and firm

2. Anticipate other people's behaviour and prepare your response. Role-play in your mind how things are likely to happen. Prepare your responses according to the different scenarios that you think could unfold. Prepare other people to support and defend you. Being well prepared will increase your self-confidence and enable you to be assertive about what is important to you.
3. Re-condition and practice your own new reactions to aggression and dominant people, particularly building your own 'triggered reactions', giving yourself 'thinking time' to prevent yourself being bulldozed, and 'making like a brick wall' in the face of someone else's attempt to dominate you without justification. Try visualizing yourself behaving in a firmer manner, saying firmer things, asking firmer clearer probing questions, and presenting well prepared facts and evidence. Practice in your mind saying 'hold on a minute – I need to consider what you have just said'. Also practice saying 'I am not sure about that', 'It is too important to make a snap decision now', 'I can't agree to that at such short notice',

‘tell me when you really need to know and I will get back to you’. Other ways to help resist bulldozing and bullying are by practicing and conditioning new reactions in yourself to resist rather than cave in, for fear that someone might shout at you or have a tantrum.

4. Have faith that your own abilities and style will ultimately work if you use them.
5. Read inspirational things that reinforce your faith in proper values and all the good things in your own natural style and self.
6. Prepare and use good open questions to expose flaws in other people’s arguments. Asking good questions is the most reliable way of gaining the initiative, and taking the wind out of someone’s sails, in any situation. Questions that bullies dislike most are deep, constructive, invasive and probing, especially if the question exposes a lack of thought, preparation, consideration, consultation on their part. For example: ‘what is your evidence for what you have claimed or said’? ‘Who have you consulted about this’? ‘How have you measured whatever you say is a problem’? ‘How will you measure the true effectiveness of your solution if you implement it’? What can you say about different solutions that worked in other situations’? Don’t be fobbed off. Stick to your guns if the question is avoided or ignored return to it, or re-phrase it.
7. Feel sympathy rather than fear towards bullies. They are the ones with problems. Feeling sympathy for someone who threatens you and resist

succumbing fearful or intimidating feelings can help to move one psychologically into the ascendancy, or at least to a position where you can see weaknesses in the bully. In many ways all bullies are still children, and as situation permits seeing them as children can help you find greater strength and resistance.

Ammoni also pointed that the nature of the problem determines the type of assertiveness technique to be used. Where fears and anxiety are the causes of unassertiveness, the client should be treated of these emotional problems using appropriate intervention strategy such as systematic desensitization or relaxation training as the case may be.

Self-Management

Self-management is a process whereby an individual perceives his behaviour problem, sets goals, adopts strategies to use to solve the problem, applies the strategies and finally assesses the extent of his self -effort in solving the problem (Nwankwo, 2009). The behaviour problem could be low self-concept, to improve on the low self-concept could be the goal with weekly sub-goals specified as stated on the low self-concept self-management objectives/goals form on (appendix H, pages 187 - 189), and strategies adopted to resolve the behaviour problem.

In line with Nwankwo, Goldstein and Kanfer (2009) noted that self-management places the burden of engaging in a behaviour change heavily on

the client, which requires the client developing a strong motivation to change and the helper/therapist play a guidance and motivator role to the client. They also pointed that the increasing awareness of the importance of involving the client in the treatment process and abandoning the helper's traditional role as an infallible parenting professional is consistent with the broad social trend towards increasing self-help.

Kanfer (2009) observed that the client's altering of the social and physical environment can alleviate the difficulty of changing and ease the maintenance of new behaviour. He also pointed that as the new behaviours are carried out by the client in the absence of the helper/therapist, the helper fades into a role of diminishing guidance; "a principle of least intervention" providing only as much assistance as is needed to enable the client to resume control over his life.

Kanfer (2009) disclosed that self-management framework rests on the following rationale:

1. Many behaviours are not easily accessible for modification by anyone but the client. For example, some intimate and sexual behaviours, some frequently occurring but rarely noticeable behaviours, such as timid or mildly aggressive interpersonal behaviours. These often lead to client discomfort even though others may not react to their occurrence. Continuing observation and arrangement of conditions for change might require institutionalization for long periods of time, a highly uneconomical and unrealistic proce-

dure. Therefore participation of the client as a change agent is essential in these cases.

2. Problematic behaviours are often associated closely with self-reactions and with such cognitive activities as thinking, fantasizing, imagining, or planning. These behaviours are essentially inaccessible to direct observation. If a client possesses an adequate behavioural repertoire for acting on the basis of his thoughts, changing the cognitive responses becomes the primary task of the helping process. To monitor and alter these behaviours, the helper must shift major responsibilities to the client.
3. Changing behaviour is difficult and often unpleasant. Many clients seek assistance, but often they are motivated not so much to change as to alleviate the current discomforts or treats, preferably without altering their behaviour or lifestyle. The client's acceptance of a program for change as desirable, feasible and worth working for is a basic motivational requirement. This orientation may constitute the first and most critical target in a self-management program.
4. The utility of a change program lies not only in removing situation-specific problems or particular symptoms. What is learnt in therapy should include a set of generalizable skills such as coping responses, assessing situation and behaviour outcomes, and developing rules of conduct for common problem situations, which aid the client to avoid or handle future problems more effectively than in the past.

The effectiveness of self-management technique on low self-concept is in consonance with the studies of Cole & Webber (2011) who observed that self-management technique has consistently improve students' low self-concept. Furthermore, the studies of Onyewadume (2008) and Fadun (2010) affirmed that students with low self-concept can improve through the therapeutic intervention of self-management components to regulate their own behaviours. Oremi (2013) revealed that the use self-management technique improved the academic self- concept of students. A number of studies have demonstrated positive effects of self-management interventions applied in school environment among students with behavioural problem (Fantuzzo & Polite, 2009; Hughes, Korinek & Corman, 2008).

Components of Self-Management

Self-management has four components namely self-monitoring, self-measurement, self-mediation, and self-maintenance (Nwankwo, 2010).

Self-Monitoring in Self-Management

Self-monitoring involves examining self to understand the problem situation, and all the dimensions of the problem in relation to self and the need to control it. It provides a baseline record of the behaviour problem (Nwankwo, 2010). In a case of low self-concept, self-monitoring can be used to pick occasions/conditions of manifestation of self-derogatory statements, lack of confidence, withdrawal, lack of social skills, feeling of inadequacy, lack of expres-

sion of feelings and opinions. Inability to stand up to one's right, and attitudes of unsatisfactory feeling about one's physical appearance, potentials and qualities, being afraid of making mistakes, displeasing oneself and pleasing others, abhorring criticism, among others are also picked.

In support to the above, McFall (2008) pointed that self-monitoring is most likely to produce positive behavioural changes when change-motivated clients continually monitor a limited number of discrete positively valued target behaviours, records made in a quantifiable way, self-monitoring reviewed during sessions following the session in which it was assigned and performance feedback and goals are made available. In addition he suggested that a coding system should be used in recording behaviours so that the condition under which the behaviour occur should be clarified and this will limit the occurrence of behaviour to a distinguishable situations.

Nwankwo (2009) emphasized that self-monitoring as the first behaviour self- management technique requires observation and recording of an individual's behaviour by the individual and sometimes an independent observer monitors and records the client's behaviour. He pointed that a critical feature of self-monitoring is the particular behaviour selected for monitoring and the time relationship between the behaviour and the monitoring.. He further stipulated that self-monitoring can be carried out prior to the occurrence of the undesirable behaviour, immediately after exhibition of the undesirable behaviour, or at the end of a long interval. In disagreement with Nwankwo's view Kazdin (2010)

pointed that recording of the target behaviours several hours they happened or at the end of the day introduces a long delay and weakens any beneficial effects of self-monitoring. He also stressed that a person who observes and records his own behaviour helps himself to be aware of his behaviour and have objective evidence of the change in his monitored behaviour; thus observed that self-monitoring may be a reactive measure that its very occurrence may alter the behaviour which is observed and concluded that accuracy of self-monitoring when compared to independent measures of the same behaviour varies widely in different situations

Considered in another light, Nelson (2008) stressed that self-monitoring may be useful only when independent observations from the client's class teachers and guidance counsellors are used to check on the client's reports. He also pointed that schedule on which behaviour is monitored, competition from concurrent responses, awareness that self-monitoring is independently assessed by an observer, the valence of the target behaviour, reinforcement of accurate self-monitoring and instructions are among the variables which affect self-monitoring accuracy.

According to Koegel, Koegel, and Parks (2008) some self-monitoring techniques require elaborate equipment like audio and video-tape in order that clients can playback and observe their own behaviour. They pointed that these self-observations serve as a base for attempt to improve their behaviours, is generally an integral part of a more complex intervention program and involves

participation of group members and helpers who initiate a self-correcting process by helping the client to discriminate and pinpoint particular problematic aspects of his behaviour.

Self-Measurement in Self-Management

Self-measurement entails keeping record about the extent of the behaviour problem. That is to say that data need to be accumulated in quantifiable terms on the magnitude and frequency of the problem prior to the introduction of any treatment procedure (Nwankwo, 2009).

McNamara (2008) holds that a client is expected to categorize target behaviour and monitor its frequency; the helper may be interested only in assessing only the severity of the problem or the conditions under which the target behaviour occurs. In the case of low self-concept behaviours like lack of confidence and social skills, and attitudes like dissatisfaction for physical appearance, potentials and qualities, displeasing oneself and pleasing others, making derogatory statements about self, abhorring criticism and among others are to be recorded, frequency and condition of manifestation stipulated.

Rutner and Bugle (2009) stressed that behaviours that are exhibited frequently or extends over a long time should be recorded with a time-sampling technique. The method requires that the person make self-observation only during previously specified time intervals and to assure adequate sampling of the behaviour, the helper can develop a program best based on randomization of all

the periods during which the behaviour occurs, and ask for self-monitoring and asked for self- monitoring during specified periods only.

Rules for Self-Monitoring and Self-Measurement

Kanfer (2008) pointed the under listed steps as rules for self-monitoring and self-measurement.

1. Discuss the importance of accurate record keeping with the client and give examples of the utility of self-monitoring in the therapeutic program.
2. Together with the client, clearly specify the class of behaviours to be observed and discuss examples to illustrate the limits of this class. Be sure to use frequency counts for behaviours that are easily separable, for example making a specific negative self – statement, and use time intervals for behaviours that are continuous. For example duration for studying is indicated by the time started and stopped. Duration for interpersonal exchanges or of obsessive ruminations is clocked.
3. Discuss and select an obtrusive and convenient method for recording, taking care to select a recording instrument that is always available where and when the behaviour is likely to occur. For this purpose golf counters, worn like wrist watches, can be used for frequency counts for low frequency behaviours a client can carry a small supply of pennies in his right pocket and move one to the left when the behaviour occurs, transferring the score to a written record at regular intervals. Similarly, toothpicks, small plastic tokens or other devices can be used. Small note pads, ruled

for ease of recording a score, can be conveniently carried in a purse or pocket.

4. Show the client how a set of frequency recordings or time intervals can be graphed for visual inspection.

Self-Mediation in Self-Management

This involves stating what to do to control the problem behaviour (low self-concept). This is the stage the individual sets the goals to achieve regarding the behaviour problem; usually the goal can be broken down into subgoals – thus the individual map out target desirable behaviours to be achieved gradually and at the end of the therapy (Nwankwo, 2009). For the individual that suffers low self-concept using self-management technique, the goals can be stated:

A. Broad Goal: To improve on feeling of low self-concept.

B. Sub Goals/Specific Goals: To exhibit the weekly behaviour objectives/goals attached on Appendix H, pages 187 - 189.

Self-Maintenance in Self-Management

The last component of behaviour self-management is self-maintenance which involves intervention. Intervention refers to carrying out the stated objectives or goals. Self-maintenance refers to all self-efforts or self-activities being put into effect to maintain the desired behaviour (Nwankwo, 2009). Self-maintenance has some guiding principles namely: self-regulation, self-control, tasks and assignments and self-attribution (Kanfer, 2008).

Self-Regulation in Self-Maintenance

Kanfer (2008) said that self-regulation considers some psychological processes that occur in behaviour modification. Specifically, it is the precaution taken by an individual in order to direct his own behaviours. He also pointed that self-regulation occurs in three stages namely self- monitoring, comparison between the information obtained from self-monitoring and the required behaviour and lastly evaluation/motivation.

In relating low self-concept to his opinion, the client will deliberately and carefully check and note the low self-concept characteristics manifested by him. Secondly, the low self-concept behaviour characteristics noted are compared with the required standard behaviours and then the last stage evaluation/motivation comes in which assessment of behaviour and administration of self-reinforcement is done. However, for low self-concept the maladaptive behaviours would lead to negative reinforcement, thereby series of behaviours tried to correct the maladaptive behaviours of shyness, illogical thought/statement, unassertiveness, poor communication, lack of social skills, withdrawal, projection, reactionary, overly critical of self and among others. When the required behaviours are exhibited positive reinforcement is done. In line with the above Bandara (2008)) noted that people observe their own behaviour, judge it against their own standard and positively/negatively reinforce themselves.

Kanfer also noted that when self-regulation involves behaviour that is under strong conflictful consequences, a change process is complicated further by the need to establish acceptable standards and equally important is the reduction of behaviours that serve as a cue to emit the low self-concept (antecedents). He further pointed that when the behaviour to be executed or avoided is conflictful, the redirection is self-control and it is this that is most frequently encountered and self – management methods are most often applied.

Self-Control in Self-Maintenance

In behavioural term self-control is a person's action in a specific situation rather than a personality trait which portrays it as will power resulting from a person's biological constitution, or his experience in learning to control his actions and impulses. In an attempt for an individual to change a behaviour problem, application of self-control is vital (Nwankwo, 2009). In line with the above, Essuman (2010) is of the opinion that self-control is a process by which environmental contingencies are altered in order to reduce the probability of a particular behaviour occurring.

Considered in another light, Thoresen and Mohoney (2009) has it that self-control is initiated by self-generated cues and is not under the direct control of the social and physical environment; but this does not mean that self-control is a behaviour that unfolds in an individual development independent of environmental influences. For example the decision to start a low self-concept behaviour modification program can be heavily influenced by (1) Information from

psychologists that low self-concept affects an individual's mental health. (2) After effects of poor performance in activities that demand confidence, boldness, and social skills.

Exposed a little differently, Goldstein and Kanfer (2008) has a transitory approach to self-control by seeing it as rearrangement of powerful contingences that influence behaviour in such a way that an individual experiences long range benefits, even though he may have to give up some satisfaction or tolerate some discomforts at first. This approach is of the opinion that if an individual enjoys fully an activity, even though it may have long range aversive consequences, without effort to stop it that self-control is not applied. In other words, we speak of self-control only when an individual initiates some behaviour that attempt successfully or not to alter the probability of a problematic act. This is referenced to exhibition of unassertiveness by a low self-concept individual prior to his knowledge of the aversive consequences of unassertiveness or fully recognize the dangers but is incapacitated to stop it. He is not engaging in self-control because the individual does not initiate some behaviour that attempt successfully or not to alter the probability of unassertiveness.

Perri, Richards and Schuthesis (2009) pointed that there are two types of self- control, decisional and protracted self-control situations. In former a person is faced with a choice in which a tempting selection or an escape from an aversive situation is given up in favour of an alternative which has greater ultimate utility, hence abstinence is done rather than tolerance to tempting situa-

tions or scenes. For example in helping a low self-concept individual from being an isolate, strong emphasis is placed on training the client to make decisions that will encourage him to always interact with his peers, and attend social gatherings rather than encourage him to avoid social gathering without being a perpetual social isolate.

While protracted self-control involves tolerance of pain over a prolonged interval, during which the conflicting responses can be continually re-evaluated and the desirable response must be executed even though momentary fluctuations in thoughts and emotional or bodily states may increase the temptation to abandon the situation at any moment. They also stressed that protracted self-control requires a continuing series of decisions to maintain essentially non-preferred behaviour for the sake of some distant consequences. In relation to low self-concept, exhibiting boldness and expression of feelings towards one's boss that is over using one falls under this self-control conflict.

Role of Self-Attribution in Self-Maintenance.

For a client to participate actively in behaviour modification/change program, the client's actions are influenced by his beliefs:

1. That he has some responsibilities to perform. In agreement with this, (Davison, 2010) noted that achieving a long term behaviour change with minimal surveillance requires structuring the change process in a way that encourages the client to accept responsibilities for complying with the program. However,

the crucial transition to integrating the new behaviour into the person's repertoire (internalization) requires that the newly developed skills will be maintained and reinforced by the client. In support to Davison opinion Kopel and Arkowitz (2008) opined that self-attributed behaviour change increases the likelihood of behaviour maintenance. In modifying low self – concept the client should involve himself in the monitoring, measurement, mediation and maintenance stages of the program in order to maintain a desirable/adaptive behaviour.

2. That a successful outcome is due to personal competence. In view of this Averill (2012) has it that a client's control over modification of his behaviour problem has strong influence on his tolerance of painful stimulation.
3. That the behaviour is voluntary and controlled by external treats or rewards. In line with this Condry (2008) opined that client's participation in the change/behaviour modification program is basically as a result of intrinsic and not extrinsic reward and that subjects who work under extrinsic incentives generally choose easier tasks, are less creative, work harder but produce less performance and are less interested in working on the task than intrinsically motivated clients. Condry suggested that intrinsically motivated actions yields to self – knowledge, and a durable internalized repertoire which is learned and better integrated into the individual's schema.
4. That he has chosen voluntarily to work on the modification of the behaviour. Research findings suggest that an optimal treatment program provides

the client extensive opportunities to participate in the selection of treatment procedures and to attribute the causes of his behaviour change to himself. Such a course of treatment does not free the helper from responsibility to assist the client and guide him toward proper choices, nor does it relegate the helper to a nondirective role. It speaks for a judicious balance between client and helper participation in such a way that the client never perceives the helper as imposing objectives or strategies. It further emphasizes a continuing need for training the client to develop motivation towards jointly established objectives and reinforcement for his therapeutic process.

Tasks and Assignments in Self-Maintenance

The maintenance stage of self-management usually involves tasks and assignment. Herzberg (2010) emphasized that assignment of particular task has long been used as a therapeutic technique and in a self-management program this feature takes a central role. He highlighted that assignment of tasks that are graded in difficulty gives meaning to the helper's structure of self-management methods as procedures that require the client to take responsibilities for changing his own behaviour. He also stressed that assignments result to gradual change of habitual behaviours outside the helping relationship. In a low self-concept situation a client that fears social interaction and lack social skills will be given a task of attending social gathering in order to overcome the fear and

acquire social skills. Also a client that complains of shyness, increased frequency of interpersonal interactions will be a therapeutic objective.

In agreement with Herzberg, Kopel and Arkowitz (2008) pointed that tasks and assignments reduce client's belief that change is impossible and that it provides opportunity for self-observation and clarification of the problem which the client encounters as he engages in new and more desirable behaviours. They also pointed that small changes in the client behaviour adds to his motivation for increased contributions toward the change process on the assumption that self-attribution enhances effort.

McFall and Hammen (2009) shared the same view with kopel and Arko-witz by pointing that tasks and assignments intensify the involvement of clients in the change process and extend the segments of a client's life in which he becomes alert to opportunities for change. They also pointed that execution of tasks and assignments makes the client perceive the continuity between the treatment sessions and daily life experiences. They have it that working out details for carrying out a task can represent a challenge to the client to perceive the environment in a new way, to attempt small behaviour changes, or to alter the structure of the physical and social environment.

Hughes, Korinek and Gorman (2008) stressed that assigned tasks should be constructed to give relevance to the therapeutic themes, to provide additional cues about problematic aspect of the client's daily life, and to offer opportunities for confirmation of the client's ability to tackle his difficulties. For example

when a low self-concept person complains of shyness, a task of increased frequency of interpersonal interactions should be a therapeutic objective or given to him. This can then help to sensitize him to think about possible opportunities for establishing social contacts in order to interact with people thereby experience reduction in his shyness. Irrelevant task that cannot solve his problem of shyness should not be given to him.

Johnson and White (2008) has the opinion that tasks and assignments are tentative efforts towards new behavioural repertoires and to experience new life patterns that serve purposes of providing an opportunity for execution of behaviours that have been a problem in the past and at times help to dispel the client's expectations that modification of some undesirable behaviours are impossible.

Shelton and Ackerman (2009) pointed that in implementation of tasks and assignments clients should adopt self-monitoring and written records of their activities in order to help them review and evaluate their tasks. This provides an opportunity for the helper and the client to evaluate an experience for which both participants have previously planned some guidelines. Evaluation of the assignment often leads to another assignment irrespective of the client's negative or positive feelings about his activities and notwithstanding the helper's reinforcement for the client is inevitable.

Considered in another light, Nwankwo (2009) stressed the importance of role-play in carrying out tasks and assignments. He pointed that role-play prepares the client for the situation he is likely to face and provides opportunity for

the helper to model various behaviours, to clarify the details of the situation and the behaviour which is to be executed, and to rehearse and prepare the client in order to reduce surprises and extinguish some of the anxiety that may be associated with the task.

Klinger (2009) stressed that incentives gingers (motivates) an individual to be committed and involved in pursuing various activities leading to achievement of goals/objectives and calls it a current concern. He also pointed that termination of the individual's effort is either at the consummation of the objectives/goals or stopping of the incentive; thereby he is of the opinion that incentive motivates an individual to carry out tasks and assignments.

In observing the above principles of self-attribution, self-control, self-regulation, and tasks and assignments in the maintenance stage of self-management some behaviour modification techniques are involved namely behaviour contract, behaviour rehearsal, covert rehearsal, covert modelling, self-modelling, reinforcement, among others. Some of them are used in the self-management treatment sessions outlined on appendix I, pages 160 - 171 and their meanings are defined there for better understanding.

Empirical Studies

Studies on Self-Concept.

Osarenren and Ajaero (2013) carried a study on the effects of cognitive restructuring, and assertiveness training on the self-concept and family relationship of victims of sibling maltreatment among Junior Secondary Students Two

(JSS2) in Lagos, Nigeria. A total of 180 (one hundred and eighty) Junior Secondary Two Students, male (90) and female (90) were used for the experiments. The participants were selected after an initial survey of three hundred (300) Junior Secondary Students. The students who scored 100 and above in the Sibling Abuse Interview Schedule and thirty (30) and above in Psychosocial Symptom Checklist were used for the experiments.

The experiment entailed teaching five lessons of cognitive restructuring and assertive training, that spanned for five weeks. Each lesson lasted for sixty (60) minutes per week. Three schools represented the three treatment groups of experiment 1, experiment 11, and control group and they completed the assessment measures administered one week before the treatment. The descriptive survey and quasi-experimental pre-test, post-test control group research methodology were adopted for the study. Two research hypotheses were postulated and tested at 0.05 level of significance. The two instrument used to collect data were Self-Concept Rating Scale (SRS) and Index of Family Relations (IFR). The data generated were analyzed using Analysis of Covariance (ANOVA) and Fisher's Protected *t*-test. The findings revealed that cognitive restructuring and assertive training were effective on improving the self-concept and family relationships of Junior Secondary School II (JSS2) students abused by sibling. The treatment method helped the participants in reducing the risk of psychological problems associated with sibling maltreatment.

The empirical study is related to the researcher's study because secondary school students, quasi experimental design, purposive sampling technique were used, and investigated the effectiveness of assertiveness training technique on modifying low self-concept. The empirical study is different from the researcher's study because it used cognitive restructuring technique, Self-Concept Rating Scale, and Index of Family Relations instrument, data collected with Sibling Abuse Interview Schedule and Psychosocial Symptom Checklist and was done in Lagos, Nigeria. While the researcher's study used Adolescent Personal Data Inventory (APDI) instrument, done in Awka Education Zone, Anambra State.

Makinde and Akinteye (2013) investigated the effects of mentoring and assertiveness training on adolescents' self-concept in Lagos State secondary schools. Descriptive survey and quasi-experimental design using the pre-test post-test control group design were adopted for the study. A total of 96 adolescents (48 males and 48 females) drawn from three public schools randomly selected from three educational districts in Lagos State constituted the sample. The dependent variables for this study were self – concept and gender. Instrument used to generate data for the study was Adolescents' Personnel Data Inventory (APDI). Two research questions were raised and two corresponding hypotheses were formulated to guide the study. The two hypotheses were tested using the one way Analysis of Covariance (ANCOVA) at 0.05 levels of significance. Hypothesis one was rejected while hypothesis two was accepted.

The findings revealed that mentoring and assertiveness training were efficacious in raising adolescents' self-concept. The study also found that the significant effect of mentoring and assertiveness training on adolescents' self-concept was not due to gender. In the light of these findings, a number of recommendations were made, one of which is that teachers and school management should promote peer-mentoring programme in schools because of the numerous advantages it has over traditional mentoring.

The empirical study is related to the researcher's study because it used Adolescent Personal Data Inventory (APDI) instrument, Analysis of Covariance Statistical Technique (ANCOVA), and quasi experimental design to modify students' low self-concept. Also it investigated the effectiveness of assertiveness training technique on adolescents' self-concept. The empirical study is different from the researcher's study because it used mentoring technique, and study done in Lagos State, while the researcher's study used self-management technique and Awka Education Zone, Anambra State.

Studies on Assertiveness Training Technique.

Nnodum (2013) carried a study on relative effectiveness of assertiveness training, modelling and their combination on isolate behaviour in children in Orlu Local Government Area, Imo State. The study was a quasi experimental research that adopted a pre-test, post-test treatment and control groups. Four experimental groups comprising of three treatment groups of assertiveness train-

ing, modelling and combination of assertiveness training and modelling were treated through eight therapy sessions for six weeks were used for the study. Forty-eight participants were randomly selected from the target population and were randomly assigned to the four experimental groups. Different types of researchers developed and validated instruments used in the identification of the isolates, measuring their social competence and testing the effectiveness of the treatment programmes at post-test and follow up assessment periods. Two null hypotheses tested at the 0.05 level of significance were raised to guide the study. Data collected were analysed with ANCOVA f -test and scheffe test. The result revealed that the treatment techniques were equally effective and superior to the control condition in improving the social skills of isolates and reducing their isolate behaviour. None of the treatment techniques was superior to the other.

The study is related to the present study because both used quasi experimental design. The empirical study is different from the researcher's study because it used 48 sampled children, Orlu Local Government Area, Imo State, Scheffe Test Statistical Technique, and investigated the effectiveness of modelling and combination of modelling and assertiveness training techniques on isolate behaviour. While the present study used fifty adolescent students, Awka Education Zone, Anambra State, Analysis of Covariance Statistical Technique (ANCOVA), and investigated the effectiveness of assertiveness training and self-management techniques on low self-concept.

Agbakwuru and Ugwueze (2010) carried a study on ‘effects of assertiveness training on resilience among early-adolescents. Pre-test post-test experimental group control group design was used with some observation also made. The purpose of this study was to investigate the effects of assertiveness training on early adolescents’ improvement of resilience. The training which consisted of ten sessions of fifty minutes each was conducted at Army Day secondary School in Obio/Akpor Local Government Area of Rivers State. A total of twenty four students aged ten to twelve years were used for the study. Randomization assignment was used to draw the fourteen (8 males and 6 females) students to experimental and ten (5 male and 5 female) students to control group. Researcher made early- adolescents’ resilience scale was used as instrument. Experts in the field of guidance and counselling validated the instrument. A test-retest was employed at interval of two weeks to test for the reliability coefficient of the instrument. Spearman’s product moment correlation was used to test the result. The correlation coefficient of early-adolescents’ resilience scale was 0.84.

The summary of the research questions and hypotheses answered showed that there was positive effect of assertiveness training on improvement of resilience on respondents. The assertiveness training showed more improvement on resilience of the girls than that of the boys. From the statistical analysis, we conclude that the assertiveness training has been able to improve the level of resilience on the experimental group. This result shows that both the male and

female was affected equally by the assertiveness training. There was higher score from the experimental group and for that and for that we attribute it to the effect of counselling units in schools.

The study is related to the present study in usage of assertiveness training technique, and adolescent sample. The difference between the study and the present study is that the former modified resilience behaviour, used Early Adolescents' Resilience Scale instrument and Obio Akpor local Government Area, Rivers State. While the present study modified low self-concept, used Awka Education Zone, Anambra State and Adolescents Personal Data Inventory (APDI) instrument.

Niusha, Farghadani, and Safani (2012) carried out a research in Saveh, Iran. This study was a quasi-experimental research with pre-test and two follow-ups. The purpose of this study was to investigate the effects of assertiveness training on test anxiety of girl students in guidance schools. So among seventy (74) students, thirty (30) students who had test anxiety were assigned to the experimental and control groups (fifteen students in each group).

The experimental group was thought assertiveness training for fifty minutes a week in two months. The data were analyzed through ANCOVA with repeated measuring. The results indicated that assertiveness training improved test anxiety in students significantly, and the improvement remained stable over time. The study and the present study are related because both used quasi-experimental design, students, and analysis of covariance statistical technique

(ANCOVA). Also both investigated the effectiveness of assertiveness training technique on handling behaviour problems. The study is different from the present study because it modified test anxiety, used forty (40) student samples, and was done in Saveh Iran. While the researcher modified low self - concept, used Adolescent Personal Data Inventory (APDI) instrument, fifty (50) student sample, and was done in Awka Education Zone, Anambra State.

Rezan Cecen – Ero (2009) carried a study on the effects of an assertiveness training programme on one hundred and forty (140) middle school students' assertiveness level in Ticaret Borsas in Adana, Turkey. Pre – test post – test quasi experimental control design was used. Hypothesis was proposed that subjects who received treatment have significantly higher score on the assertiveness schedule than the subjects who did not receive treatment. The Rathus Assertiveness Schedule was used to determine their assertiveness level. Certain criteria were considered in assigning subjects to experimental and control groups, such as Rathus Assertive Schedule Scores, voluntariness, teachers' opinion, and permission of students parents. For the experimental group, assertiveness training programme was carried out by the school counsellor, during 50 – 70 minutes lasting twelve (12) weeks. The control group did not receive any treatment and after training programme post-test was applied to both groups yielding a total assertiveness score between – 90 (least assertive) and + 90 (most assertive). Investigation on the experimental and control groups pre-test and post – test Assertive Schedule Scores shows that experimental and control

groups pre –test scores mean were close to each other. Experimental group $X = 12.66$, $SD = 14.30$, control group $X = - 15.00$, $SD = 8.83$. Experimental group post – test Rathus Assertive Schedule mean scores $X = 25.60$, $SD = 17.49$ were higher than control group mean scores $X = 8.81$, $SD = 20.88$. However control group post-test scores $X = - 15.00$, $SD = 8.83$. Analysis of Covariance (ANOVA) statistical technique was applied to investigate whether these differences were significant or not. The scores of students who attended assertiveness training programme were significantly higher than the control group scores.

The results of the study indicated that the group experience based on the assertiveness training programme had a significant positive effect on adolescents' assertiveness level. When considered the assertiveness levels of both experimental the previous findings that indicated that assertiveness training programme had a significant effect on experimental group (Culha, 2008, Englander-golden, 2009).

The study and the present study are related because both used quasi experimental design, adolescent samples, and Analysis of Covariance Statistical Technique (ANCOVA). The two studies investigated the effectiveness of assertiveness training technique in modifying behaviour problems. The difference in the empirical and the present studies are use of Rathus Assertiveness Schedule instrument, one hundred and forty (140) adolescents sample, done in Ticaret Borsas in Adana Turkey, and unassertiveness modified while Adolescents Per-

sonal Data Inventory instrument, fifty (50) students, were used, low self - concept modified, and done in Awka Education Zone respectively.

Studies on Self-Management Technique

Oremi (2012) carried a study on the effects of self-management technique on the enhancement of academic self-concept of secondary school students in Ondo State. Quasi experimental research design was employed which used pre-test post-test method. Forty (40) students were picked from two secondary schools with purposive sampling technique and grouped into experimental and control groups. Academic Self-Concept Scale by Bakare and Akinboye (1970) was used to identify students with low self-concept. The experimental group was subjected to six weeks of two sessions per week, making a total of twelve sessions and self- management therapy developed by Kanfer and Karolyn (1982) was used to treat the experimental group.

At the end of the treatment session, all the participants in both groups were given post-test on the Academic Self-Concept Inventory. Data collected for the study were analyzed using t-test to determine the possible post-treatment difference in the academic self-concept among subjects exposed in the two groups. There was a significant difference in the experimental and control groups, the group treated with self-management had better academic self-concept. This is in consonance with other studies of Cole, and Webber (2011), Onyewadume (2008) and Fadun (2010).

The study and the present study are related because they used secondary school students, quasi experimental design, and purposive sampling technique. The two studies also investigated the effectiveness of self-management technique in modifying behaviour problems. The differences in the two studies are academic self-concept modified, used forty (40) students, Academic Self-concept Scale instrument, t-test, and was done in Ondo State. While low self-concept was modified, used sixty (60) students, APDI instrument, ANCOVA and mean scores, and was done in Awka Education Zone, Anambra State respectively.

Sammi, Dupaul and George (2011) carried a study on the effectiveness of self-management on class preparation skills of Attention Deficit Hyperactivity Disorder (ADHD) three adolescent students in a public middle school in North-eastern Pennsylvania. After the baseline condition was noted, the intervention was introduced. It was hypothesized that this intervention package would increase specific classroom preparation skills of three secondary students in their academic classes.

The three twelve years old students were selected for this study on the basis of teacher reports that suggested that they were insufficiently prepared for class (e.g, did not have a pencil or notebook, did not hand in completed homework assignments) and did not complete assigned tasks consistently. Written consent of the students' parents and oral consent from the students were obtained prior to initiating the study. To confirm the students' diagnoses of

ADHD, ratings of inattention, impulsivity, and hyperactivity were obtained from the students' parents and teachers using the inattention and hyperactivity impulsivity subscores from the home and school version of the ADHD-IV Rating Scale as well as the Attention Problems Subscales of the Child Behaviour Checklist (CBCL) and the Teacher Rating Scale (TRS). In addition, to these rating scales, diagnostic interviews were conducted by the researcher, individually, with each of the students' parent(s). The students who were selected to participate in the study met criteria for treatment. Medical and behaviour modification techniques were used in order to alleviate the students' Attention Deficit Hyperactivity Disorder. Observations of the students' classroom preparation skills were made during targeted academic classes.

In applying the self-management monitoring procedure, the experimenters/researchers used the students' class teachers to observe how insufficiently prepared for class the students were. The students also self-record their class preparation skills (behaviour). The students and teachers recording were guided using a checklist on classroom preparation behaviours. The students were taught to self-monitor their behaviour by indicating the behaviour on the class preparation checklist they engaged in during their class. The students were provided with log that was used to write their problems with class preparation. The teachers within the participants' targeted classrooms, who were not informed of the nature of the students' disorders or the intervention, collected data on a daily basis for each student. Self-measurement was done by dividing the number of

observed behaviours by the number of required behaviours for the day and multiplies the result by one hundred. Self-mediation, in this, the experimenters addressed with the students the issue of setting goals regarding their compliance with the six class preparation behaviours.

In self-maintenance, the students proceeded in engaging in behaviour modification techniques to solve their behaviour problem and meet with the experimenters occasionally and they provide feedback regarding the students' performance with their class preparation behaviour. The experimenters/researchers commended students on compliance with set goals and assisted them in areas they did not meet their goals.

The assessment of the students was done by comparing their class preparation behaviour with that of average students in the class. The students were provided with the Children's Intervention Rating Profile (CIRP), a questionnaire used to evaluate whether the students were satisfied with the intervention. Also an adapted version of the Intervention Rating Profile (IRP) was used to assess the teachers' perceptions of the self-management package.

The findings of this study revealed that self-management was efficacious in modifying the class preparation skills of Attention Deficit Hyperactivity Disorder (ADHD) students.

The study is related to the present study because both used adolescent students, purposive sampling technique, and investigated the effectiveness of self-management technique on modifying behaviour problems. The difference

in the two studies is that empirical study worked on classroom preparation skills of Attention Deficit Hyperactive Disorder (ADHD) students, used students' and their classroom teachers observation reports on how insufficiently prepared for class the students were. In addition ratings of Inattention, Impulsivity, and Hyperactivity were obtained from the students' parents and teachers using the Inattention and Hyperactivity Impulsivity Subscores from the home and school version of the ADHD-IV Rating Scale as well as the Attention Problems Subscales of the Child Behaviour Checklist, and the teacher Rating Scale. Also diagnostic interviews were conducted by the researcher individually with each of the students' parents, three students and were done in Northeastern Pennsylvania. While the researcher's study worked on low self-concept, 60 students, used Adolescent Personal Data Inventory (APDI) instrument, analysis of covariance statistical technique, mean scores, and was done in Awka Education Zone, Anambra State.

Summary of Review of Related Literature

The study reviewed many literatures; specifically the study dwelt on the effects of assertiveness training and self-management techniques on modifying low self-concept among secondary school students under conceptual definitions, theoretical framework, theoretical studies, and empirical studies. In conceptual definitions, the following were looked at: concept of self, self-concept, low self-concept, assertiveness training technique, and self-management technique. In

theoretical framework, theories reviewed were Rational Emotive Theory of Albert Ellis (1962) for low self-concept, Instrumental Conditioning Theory of B.S. Skinner (1930) for Assertiveness Training Technique, and Client-Centered Theory of Carl Rogers (1959) for Self-Management technique. The relationship/relevance of these theories to the variables of low self-concept, assertiveness training, and self-management techniques were adequately explained. Theoretical studies done highlighted opinions, criticisms and observations of some authors and researchers on low self-concept, assertiveness training, and self-management techniques.

Empirically, studies on assertiveness training and self-management techniques proved that the techniques were efficacious in reducing the low self-concept among secondary school students. Specifically, studies on self-management technique also proved that self-management was efficacious in modifying numerous behaviour problems such as Attention Deficit Hyper Activity Disorder (ADHD) among others. Surprisingly none of the studies was done in Awka Education Zone using assertiveness training and self-management to modify the low self-concept of secondary school students. It was attempt to fill the gap in knowledge that led to the conception of the research on investigating the effects of assertiveness training and self-management techniques on the low self-concept among secondary school students in Awka Education Zone.

CHAPTER THREE

METHOD

This chapter contains the description of procedure for the study. These were discussed under the following subheadings: Research Design, Area of the Study, Population of the Study, Sample and Sampling Technique, Instrument for Data Collection, Validity of the Instrument, Reliability of the Instrument, Data Collection, Training of Research Assistants, Experimental/Treatment Procedure, Control of Extraneous variables, and Data Analysis.

Research Design

The study is a quasi experimental research. The specific design adopted for this study is non-randomized pre-test post-test control group design. This is because subjects were not randomly assigned to groups. Harrington & Harrington (2008) described a quasi experimental study as a type of experimental study that determines the effects of a treatment paradigm on a non- randomized sample.

One school was used as experimental group1, another one school was used as experimental group 11, and one school was used as control group. Pre-test was given to all the groups in order to ascertain their self-concept. Then experimental group 1 and experimental group11 received treatment on assertiveness training and self – management respectively, while the control group was kept busy with counselling on low self-concept. The three groups were given a post-test at the end of the exercise to test their self-concept again.

A non-randomised pre-test post-test control group design.

Group	Pre-test	Research Condition	Post-test
Exptl Gp 1	O ₁	X1 (AT Treatment)	O ₂
Exptl Gp 2	O ₁	X11 (SM Treatment)	O ₂
Control Gp 3	O ₁	X111 (Conventional Counselling)	O ₂

O1 : Pre-test on self-concept that was given to all the students in the three groups (Experimental Group I, Experimental Group 2, and Control Group).

X1 : Assertiveness Training Treatment that was given to Experimental Gp I.

XII: Self-Management Treatment that was given to Experimental Gp II.

XIII : Conventional Counseling that was given to Control Group.

O2 : Post-test on self-concept that was given to all the students in the three groups (Experimental Group I, Experimental Group 2, and Control Group).

Area of the Study

The area for the study is Awka Education Zone which comprises five local government areas namely Awka North with 8 secondary schools (all co-educational), Awka South with 17 secondary schools (nine coeducational, six boys, and two girls), Njikoka with 11 secondary schools (two co-educational, four boys, and five girls), Aniocha with 16 secondary schools (six co-educational, four boys, and six girls), and Dunukofia with 7 secondary schools

(two co-educational, two boys, and three girls). Awka Education Zone has boys, girls, and co-educational secondary schools with the students of diverse potentials primarily concerned with learning. As a result of this the education zone could have predominance of secondary school students that have low self-concept.

Awka Education Zone is in the eastern part of Nigeria and in Anambra State. The Awka Education Zone is bounded on the east by Aguata Education Zone specifically Ekwulobia, on the west by Otuocho Education Zone specifically Aguleri, on the north by Enugu State specifically Oji, and on the south by Idemili Education Zone specifically Eziowelle and Alor. The Awka Education Zone covers Anambra Central and part of Anambra North Senatorial Zones and is a metropolis as well as cosmopolitan zone of Anambra State. Anambra State has a great influence on the Awka Education Zone because the Awka north and south local government areas especially south is the heart (center) of the state capital, thus both education, banking, farming, buying and selling, manufacturing/production and other activities/businesses are carried on there. Other local government areas under the education zone experience banking and other businesses but in a lower scale, predominantly subsistence farming is done and these farmers market their farm products, hence the education zone in totality engages people in employment.

Culturally, the education zone has customs, beliefs, art, craft and attitude that guide their lives. Blacksmithing is predominantly indigenous craft practice

among Awka South and North indigenes in which hoes, cutlasses, local guns among others are produced. Festival like 'Imo Awka' is practised annually while new yam festival is practised by all the local government areas in Awka Education Zone to appease the 'god of fertility'. Also other festivals are practised.

The education zone was chosen for the study because the researcher lives at Abagana under Njikoka Local Government Area that is one of the local government areas that made up the education zone. The choice is also because the researcher wants to carry out a study on the education zone within the state capital.

Population of the Study

The population of this study was 750 SS1 and SS11 students from all co-educational public secondary schools in Awka Education Zone identified with low self-concept using a pre-test administration of Adolescent Personal Data Inventory (APDI), Self-Concept Sub-Scale (Akinboye, 2001). The baseline for the selection of these students was done by picking the students that their scores were between 30 - 89 on the Adolescent Personal Data Inventory, Self-Concept Sub-Scale as indicated on the manual (Akinboye, 2001). At the time of this study, available records showed that there were 19 co-educational secondary schools in Awka Education Zone. Source is Statistics Department, Post Primary Education Board Awka August, 2018.

Sample and Sampling Technique

The sample for the study was 150 senior secondary 1 and 11 (SS1 and SS11) co- educational students from Awka Education Zone identified with low self-concept. Purposive sampling technique was used to select from the five local government areas that made up Awka Education Zone three co-educational secondary schools with the highest number of students identified with low self-concept. One school with fifty low-self concept students were treated/handled with assertiveness training technique (experimental group1), another school with sixty low self-concept students were handled/treated with self-management (experimental group 2), while another school with forty low self- concept students were the control group that received counselling on low self-concept.

Instrument for Data Collection

The instrument for data collection was Self-Concept Inventory, a subscale of Adolescent Personal Data Inventory (APDI) developed by Akinboye in 2001. The APDI has 5 sections and revised edition produced in 2001 with 10 sections namely: self-concept, behavioural health attributes, psychopathology, career aspirations, reproductive behaviour, ethical value, interests, creativity thinking patterns, study behaviour, and personal-social behaviour characteristics. Self-Concept Inventory is the section A of the APDI and it deals with adolescents' self-concept in a multifaceted self perception way, containing 30 items (appendix A, pages 131) that measures the social, physical, academic, and psychological selves of adolescents. The items used evaluative phrases of "most

like me” for most descriptive of the client and were rated 4, and 5 and “least like me” for least descriptive of the client and were rated 1, and 2. Items for which clients were not sure were rated 3. Positive items 1, 2, 3, 6, 7, 8, 10, 11, 12, 13, 14, 15, 21, 23, 26, 27, 28, and 30 were scored 1,2,3,4, and 5 while negative items of 4, 5, 9, 16, 17, 18, 19, 20, 22, 24, 25, and 29 were revised to 5,4,3,2,and 1 scores. The total score of a client on the scale indicates his self-concept. Scores ranging from 90 – 150 of a client indicates high self-concept while score 89 and below indicates low self-concept.

Validation of the Instrument

The instrument for the study was Self-Concept Inventory, a sub-scale of Adolescent Personal Data Inventory developed by Akinboye in 2001. It is standardized so the researcher adopted it.

Reliability of the Instrument

Test-retest reliability coefficient alpha 0.75 was established by Akinboye. The high degree of internal consistency made the instrument acceptable for use.

Method of Data Collection

The researcher gave an introductory talk about herself, the instrument, how to respond to it, and the purpose it serves to the students. The researcher with the help of the students’ class teachers and the students’ guidance counselors administered the Adolescent Personal Data Inventory (APDI), Self-Concept

Sub-Scale to the senior secondary 1 and 11 (SS1 and SS11) students in all the public co-educational secondary schools in Awka Education Zone (pre-test).

The students were guided as they responded to it. After responding to the instrument, the researcher collected them back immediately. Students that their scores range from 30-89 were considered to have low self-concept. Three schools that have the highest number of students identified with low self-concepts made up the sample and were grouped into three groups of experimental group 1, experimental group 11 and control group. The guidance counsellor in each sampled school was trained as research assistant.

Assertiveness training and self-management treatments were given to the experimental group1 and experimental group 11 respectively in a conducive environment/counselling room for one hour weekly in two months. The low self-concept self-management experimental group students were given low self-concept monitoring checklist (appendix G, pages 155). This monitoring checklist contains behavioural characteristics of low self-concept individuals. The students used the list to pick the low self-concept characteristics exhibited by them. The students were instructed to use improvised twenty leaves exercise book as log to write the low self-concept characteristics they exhibited. The students were also given the low self-concept self-management objectives/goals form (appendix H, pages 157). The content of the form guided the students on working towards attainment of stipulated objectives/goals in modification of their low self-concept characteristics. While the third group served as control

group were exposed to counselling on low self-concept spread over eight weeks for one hour in a week.

The issues handled in sessions of assertiveness training technique, self-management technique and counselling on low self-concept took the sequence as attached on the appendixes D, I, and K, pages 137, 160, and 174

Training of Research Assistants

Students' guidance counsellor in each of the sampled schools used for the research work was trained for one hour on the over view of the sessions involved in the treatment; in order to optimize his roles in any stage of the treatment he was needed. The research assistant was informed about the purpose of the study and the behaviour modification technique used for the students' low self- concept. The self-management sample students' class teachers and the research assistant were given the self-concept monitoring checklist in order to guide them on knowing exactly the low self-concept behaviours exhibited by the students. The procedure used in training the research assistants for the three groups are attached on Appendices B, E, and J, pages 132, 149, and 172 respectively.

Experiment and Counselling Procedure.

Assertiveness Training Experiment Procedure.

The researcher visited the principal of the co-educational secondary school in Awka Education Zone that assertiveness training was used for im-

provement of the students' low self-concept. The researcher introduced herself, the study, and purpose of the study to the students and school principal. The researcher also engaged the assistance of the students' guidance counsellor. The researcher, the research assistant, and the students were introduced; time and venue for the training were fixed by them. Self-concept, low self-concept, assertiveness, assertiveness training, and rationale for using assertiveness training to modify the students' low self-concept were explained to the students by the researcher.

The researcher also explained to the students the low self-concept behaviour characteristics and consequences. Objectives/goals such as expression of feelings, opinions, and acting boldly, building self-confidence, imbibing social skills, and standing up to one's right were set for the students. The students were instructed and guided on the use of appropriate assertiveness techniques/methods for attainment of assertive behaviours. Post-test and encouragement were given to the students. Two months was used for the treatment.

In addition to achieving expression of feelings, opinion, and acting boldly, self-confidence, social skills and standing up to one's right through assertiveness training, the under mentioned students' low self-concept characteristics could be improved with adoption of assertive behaviours.

Rigidity: Students' assertive behaviour would make them to make use of their opinions and ideas to amend the already existing accepted notions, and this made them not to stick to their former ideas/notions rigidly.

Abhorring criticism: Students' assertive behaviour of expressing their feelings, having confidence and acting boldly would make them to take criticisms but would be able to defend themselves.

Self-sabotaging: Students' assertive behaviour of boldness, confidence, expression of feelings, and standing up to their rights, would make them not to be easily influenced or intimidated to do something that is not to their interest.

Withdrawal: Students' assertive behaviour would make them not to be afraid to be in the mist of people because they have the confidence, boldness, expression of feelings, have communication skills and can stand up to their rights thereby would not withdraw from people.

Illogical thought: Students' assertive behaviour would make them to express their feelings, opinions and act boldly, have confidence, and stand up to their rights, thereby change some illogical thoughts that occupy their mind about themselves.

Self-defeating statements: The confidence and boldness imbibed by the students through assertiveness training would make them to have an improved per-

ception of self that would help them change or do away with some self-defeating statements.

Imagination of negative things that people think about them: Students' assertiveness would make them to be confident, bold, expression of feelings, and live up to their rights thereby imagine less that people think about them negatively.

Self-Management Technique Experiment Procedure.

The researcher visited the principal of the co-educational secondary school in Awka Education Zone that self-management was used for improvement of the students' low self-concept. The researcher introduced self, the study, and purpose of the study to the students and school principal. The researcher also engaged the assistance of the students' guidance counsellor as the research assistant. The researcher, the research assistant, and the students were introduced and time and venue for the training fixed by them. Definitions of self-concept, low self- concept, self-management and rationale for using self-management to improve the students' low self-concept were given to the students. The researcher explained low self-concept characteristics and consequences to the students emphasizing the importance of students taking responsibility for the modification of their low self-concept behaviour problem.

The researcher also pointed to the students the self-management plan/procedure such as problem identification, monitoring of their behaviour,

objectives/goals setting and application of behaviour modification techniques. The researcher then provided to the students three items of the self-management plan: (a) the student log (this was improvised with a twenty leaves exercise book), (b) the low self-concept self-monitoring checklist (appendix G, pages 156 and (c) the low self-concept objectives/goals form (appendix H, pages 158).

The researcher explained the low self-concept monitoring checklist to the students. The students were asked to go home with their low self-concept monitoring checklist in order to check and write the low self-concept characteristics they exhibit in their log books. The researcher checked the activities of the students on self monitoring, commended and assisted students in areas they did not do well. The researcher instructed the students to self-adjust their behaviour in accordance with the behaviours on the low self-concept self-management objectives/goals form (appendix H, pages 158). Two months was used for the treatment.

Control Group Counselling Procedure

The researcher visited the principal of the co-educational secondary school in Awka Education Zone that received counselling on low self-concept. The researcher introduced self, the study, and purpose of the study to the school principal. The researcher also engaged the assistance of the students' guidance counsellor. The researcher, the research assistant, and the students were introduced and time and venue for the counselling were fixed by them. Definitions

of self-concept and low self-concept were given to the students. The causes, characteristics, and behaviour problems of low self-concept were explained to the students. The students were also counselled on how to prevent low self-concept. Two months was used for the counselling.

Control of Extraneous Variables

The researcher was very much aware of the possible effects of extraneous variables which if not well controlled could pollute the study and distort the findings. The researcher made effort to ensure that these pollutants were reduced.

Hawthorne Effect. This is the effort of the students/clients to exhibit the desired behaviour as a result of being observed/ monitored. It is faking done by the students. This was controlled by the researcher making the students' guidance counsellor to be part of the experiment so that the students will feel at home.

Students' Interaction. This is the interaction among the students that are being used for the study which can result to the experimental group relating to the control group the treatment which may affect the post test response. This was controlled by selecting the experimental and the control groups from different schools.

Laxity of students. The techniques used in modifying the students' low self-concept especially self-management technique entrust lot of responsibilities on

the students and if the students fail to perform their responsibilities, it will affect the result of the study. This was controlled by reinforcing the students with gifts and praises when the right things were done. Putting it to the students to believe that there will be a cognitive test at the end of the therapy and this made them to be serious.

Possible poor understanding of the instrument. When the instrument to identify students' low self-concept is not well understood by them, wrong responses will be given and this will affect the result of the study. This was controlled by adopting an instrument that is simplified and suits Nigerian environment. Also explaining the content of the instrument to the students before they responded to it.

Unsuitable/inadequate training environment. When the environment of the training place is not conducive, the students and even the therapist will not perform fine. This was controlled by asking the principal to provide a suitable place that both the clients and non-participant students were not disturbed.

Time. When much time is spent on each training session, students may get bored. And when little time is spent, students may not learn much. This was controlled by having the treatment in sessions, making sure that each session was not too long or short.

Late and irregular attendance to the training sessions. When students come late or are not regular to the training sessions, it will affect their achievement negatively. This was controlled by emphasizing to the students the importance of the training, effective conduct of the sessions by the therapist, and by making the students to believe there will be a cognitive test at the end of the therapy/training.

Method of Data Analysis

The completed instruments were scored according to the scoring instruction on the Adolescent Personal Data Inventory, Self-Concept Sub-Scale Manual. Mean score was used to answer the research questions while null hypotheses was tested at 0.05 level of significance with Analysis of Covariance. (ANCOVA). Decision Rule: Any treatment technique that the post-test mean is one hundred (100) and above is effective. Gender: Any group that has the greater gained mean indicates that treatment model is more effective on it.

However for the null hypotheses, when the P value is less than 0.05 being the level of significance, the null hypothesis was rejected and the effect of the technique on the low self-concept of secondary school students was taken to be significant but when the P value was more than 0.05, the null hypothesis was accepted so the effect of the technique on the low self-concept of secondary school students was considered not significant.

CHAPTER FOUR

PRESENTATION AND ANALYSIS OF DATA

In this chapter, the data collected from the field for this study were analysed and the summaries were presented in tables to highlight the findings. The presentation was sequential starting with the answers to the research questions and then the testing of the null hypotheses.

Research Question 1

What is the effect of assertiveness training technique in reducing the low self-concept of secondary school students when compared with those who received conventional counselling using their pre-test and post-test scores?

Table 1: Pre-test and Post-test mean Self-concept Scores of Students Treated with Assertiveness Training Technique and Those in the Control Group.

Source of Variation	N	Pretest Mean	Posttest Mean	Gained Mean	Re- mark
Assertiveness training	50	81.14	101.42	20.28	Effective
Control	40	76.53	85.80	9.27	

Table 1 indicates that the students treated with assertiveness training technique had pre-test mean score of 81.14 and post-test mean score of 101.42 with gained mean 20.28 in their self-concept, while the students in the control group who received conventional counselling had pre-test mean score of 76.53 and post-test mean score of 85.8 with gained mean 9.27. With 20.28 gained mean and post-test mean above one hundred (100), assertiveness training technique is effective in enhancing self-concept among secondary school students.

Research Question 2

What is the effect of self-management technique in reducing the low self-concept of secondary school students when compared with those who received conventional counselling using their pre-test and post-test scores?

Table 2: Pre-test and Post-test mean Self-concept Scores of Students Treated with Self-management Technique and Those in the Control Group.

Source of Variation	N	Pretest Mean	Posttest Mean	Gained Mean	Re-mark
Self-management	60	81.52	103.00	21.48	Effective
Control	40	76.53	85.80	9.27	

Table 2 reveals that the students treated with self-management technique had pretest mean score of 81.52 and post-test mean score of 103.00 with gained mean 21.48 in their self-concept, while the students in the control group who received conventional counselling had pre-test mean score of 76.53 and post-test mean score of 85.8 with gained mean 9.27. With 21.48 gained mean and post-test mean above one hundred (100), self-management technique is effective in enhancing self-concept among secondary school students.

Research Question 3

What is the difference in the effectiveness of assertiveness training technique and self-management technique in reducing the low self-concept of secondary school students using their pre-test and post-test scores?

Table 3: Pre-test and Post-test mean Self-concept Scores of Students Treated with Assertiveness Training Technique and Those Treated with Self-management Technique.

Source of Variation	N	Pretest Mean	Posttest Mean	Gained Mean	Remark
Assertiveness training	50	81.14	101.42	20.28	
Self-management	60	81.52	103.00	21.48	SMT More Effective

In Table 3, it was observed that the students treated with assertiveness training technique had pre-test mean score of 81.14 and post-test mean score of 101.42 with gained mean 20.28 in their self-concept, while the students treated with self-management technique had pre-test mean score of 81.52 and post-test mean score of 103.00 with gained mean 21.48 in their self-concept. With 20.28 , 21.48 gained mean, 101.42 and 103 post-test mean that is above one hundred (100) respectively, self-management technique is slightly more effective in enhancing self-concept among secondary school students.

Research Question 4

What is the effectiveness of assertiveness training technique in reducing the low self-concept of male and female secondary school students using their pre-test and post-test scores?

Table 4: Pre-test and Post-test mean Self-concept Scores of Male and Female Students Treated with Assertiveness Training Technique.

Source of Variation	N	Pretest Mean	Posttest Mean	Gained Mean	Remark
male	25	81.64	102.92	21.28	ATT More Effective
Female	25	80.64	99.92	19.28	

Table 4 indicates that the male students treated with assertiveness training technique had pre-test mean score of 81.64 and post-test mean score of 102.92 with gained mean 8.3 in their self-concept, while the female students treated with assertiveness training technique had pre-test mean score of 80.64 and post-test mean score of 99.92 with gained mean 19.28 in their self-concept. With 21.28 and 19.28 assertiveness training technique gained mean in enhancing male and female secondary school students' self-concept respectively, assertiveness training technique was more effective on male.

Research Question 5

What is the effectiveness of self-management technique in reducing the low self-concept of male and female secondary school students using their pre-test and post-test scores?

Table 5: Pre-test and Post-test mean Self-concept Scores of Male and Female Students Treated with Self-management Technique.

Source of Variation	N	Pretest Mean	Posttest Mean	Gained Mean	Remark
male	30	79.60	102.43	20.13	SMT more effective
Female	30	83.43	103.56	22.83	

Table 5 indicates that the male students treated with self-management technique had pre-test mean score of 79.60 and post-test mean score of 102.43 with gained mean 22.83 in their self-concept, while the female students treated with self-management technique had pre-test mean score of 83.43 and post-test mean score of 103.56 with gained mean 20.13 in their self-concept. With 22.83 and 20.13 self-management technique gained mean in enhancing male and female students' self-concept respectively, self-management technique is more effective in enhancing male secondary school students' self-concept.

Testing the Null Hypotheses

Null hypothesis 1

1. There is no significant difference in the effect of assertiveness training technique in reducing the low self-concept of secondary school students when compared with those who received conventional counselling using their pre-test and post-test scores.

6: ANCOVA on the post-test mean self-concept scores of students treated with assertiveness training technique and those who received conventional counselling

Source of variation	SS	df	MS	Cal. F	Pvalue	$P \geq 0.05$
Corrected Model	7163.165	2	3581.583			
Intercept	924.134	1	924.134			
Pretest Score	1741.290	1	1741.290			
Treatment Model	3055.836	1	3055.836	28.99	.000	S
Error	9171.290	87	105.417			
Total	819679.000	90				
Corrected Total	16334.456	89				

Table 6 shows that at 0.05 level of significance, the calculated F is 28.99 with value of 0.00 which is less than 0.05. Therefore, the first null hypothesis is rejected. So, the effect of assertiveness training technique in reducing the low self-concept of secondary school students is significant.

Null hypothesis 2

2. There is no significant difference in the effect of self-management technique in reducing the low self-concept of secondary school students when compared with those who received conventional counselling using their pre-test and post-test scores.

Table 7: ANCOVA on the post-test mean self-concept scores of students treated with self-management technique and those who received conventional counselling

Source of variation	SS	df	MS	Cal. F	Pvalue	P \geq 0.05
Corrected Model	9087.832	2	4543.916			
Intercept	1443.043	1	1443.043			
Pretest Score	1987.672	1	1987.672			
Treatment Model	4174.123	1	4174.123	40.06	0.00	S
Error	10106.728	97	104.193			
Total	943100.000	100				
Corrected Total	19194.560	99				

In table 7 it was observed that at 0.05 level of significance, the calculated F is 40.06 with value of 0.00 which is less than 0.05. Therefore, the second null hypothesis is rejected. So, the effect of self-management technique in reducing the low self-concept of secondary school students is significant.

Null hypothesis 3

3. There is no significant difference in the effectiveness of assertiveness training technique and self-management technique in reducing the low self-concept of secondary school students using their pre-test and post –test scores.

Table 8: ANCOVA on the post-test mean self-concept scores of students treated with assertiveness training technique and those who were treated with self-management technique

Source of variation	SS	df	MS	Cal. F	Pvalue	P \geq 0.05
Corrected Model	7.316	2	3.658			
Corrected Model	1970.860	2	985.430			
Intercept	1384.147	1	1384.147			
Pretest Score	1902.776	1	1902.776			
Treatment Model	47.826	1	47.826	0.31	0.58	NS
Error	16755.404	107	156.593			
Total	1169499.000	110				
Corrected Total	18726.264	109				

Table 8 indicates that at 0.05 level of significance, the calculated F is 40.06 with value of 0.58 which is greater than 0.05. Therefore, the third null hypothesis is accepted. So, there is no significant difference in the effectiveness of assertiveness training technique and self-management technique in reducing the low self-concept of secondary school students.

Null Hypothesis 4

4. There is no significant difference in the effectiveness of assertiveness training technique in reducing the low self-concept of male and female secondary school students using their pre-test and post-test scores.

Table 9: ANCOVA on the post-test mean self-concept scores of male and female students treated with assertiveness training technique

Source of variation	SS	df	MS	Cal. F	P value	$P \geq 0.05$
Corrected Model	901.183	2	450.591			
Intercept	420.128	1	420.128			
Pretest Score	788.683	1	788.683			
Gender	64.342	1	64.342	0.39	0.54	NS
Error	7836.997	47	166.745			
Total	523039.000	50				
Corrected Total	8738.180	49				

Table 9 shows that at 0.05 level of significance, the calculated F is 0.39 with value of 0.54 which is greater than 0.05. Therefore, the fourth null hypothesis is accepted. So, the difference in the effect of assertiveness training in reducing male and female secondary school students' low self concept is not significant.

Null Hypothesis 5

5. There is no significant difference in the effectiveness of self-management technique in reducing the low self-concept of male and female secondary school students using their pre-test and post-test scores.

Table 10: ANCOVA on the post-test mean self-concept scores of male and female students treated with self-management technique

Source of variation	SS	df	MS	Cal. F	Pvalue	$P \geq 0.05$
Corrected Model	20952.947	2	10476.474			
Intercept	83.432	1	83.432			
PRETESTSCORE	6413.681	1	6413.681			
GENDER	8495.869	1	8495.869	0.62	0.44	NS
Error	787267.053	57	13811.703			
Total	1643660.000	60				
Corrected Total	808220.000	59				

Table 10 reveals that at 0.05 level of significance, the calculated F is 0.62 with value of 0.44 which is greater than 0.05. Therefore, the fifth null hypothesis is accepted. So, the difference in the effect of self-management technique in reducing the low self-concept of male and female secondary school students is not significant.

Summary of the Findings

From the analysis, the following findings were made:

1. Assertiveness training technique is effective in reducing the low self-concept among secondary school students.
2. Self-management technique is effective in reducing the low self-concept among secondary school students.
3. Self - management technique is slightly more effective than assertiveness training technique in reducing the low self-concept among secondary school students.
4. Assertiveness training technique is more effective in reducing the low self-concept among male secondary school students.
5. Self-management technique is more effective in reducing the low self-concept among female secondary school students.
6. The effect of assertiveness training technique in reducing secondary school students' low self-concept is significant.

7. The effect of self-management technique in reducing secondary school students' low self-concept is significant.
8. There is no significant difference in the effectiveness of assertiveness training and self-management techniques in reducing secondary school students' low self-concept.
9. The difference in the effectiveness of assertiveness training technique in reducing male and female secondary school students' low self-concept is not significant.
10. The difference in the effectiveness of self-management technique in reducing male and female secondary school students' low self-concept is not significant.

CHAPTER FIVE

DISCUSSION OF RESULTS, CONCLUSION AND RECOMMENDATION

In this chapter, the findings of the research questions and hypotheses were organized and discussed under themes. The implications of these findings were stated and some recommendations made. In addition, some possible areas for further researches were presented.

Discussion of the Findings

The findings of this study are discussed under the following themes.

1. Effects of assertiveness training technique in enhancing self-concept among secondary school students.
2. Effects of self-management technique in enhancing secondary school students' self-concept.
3. Effectiveness of assertiveness training and self-management techniques in enhancing secondary school students' self-concept.

Effects of assertiveness training technique in enhancing self-concept among secondary school students.

The finding of this study showed that assertiveness training technique enhanced self-concept among secondary school students. In other words the self-concept of students improved after being trained assertively. This present study is consistent with the prior study by Akinade (2009), Ashamu (2010), Nnodum

(2010), and Stake, Deville, and Pennel (2009), who reported that assertiveness training technique was effective in enhancing students' self-concept. The possible reason that might explain the effectiveness of assertiveness training technique in enhancing self-concept among secondary school students is that assertiveness training technique is one of the best techniques to handle most of the low self-concept characteristics like lack of self-confidence among others.

The finding of this study showed that effectiveness of assertiveness training technique in reducing secondary school students' low self-concept was significant. This means that application of assertiveness training technique brought improved self-concept among secondary school students. This finding is consistent with the findings of Ugwuegbulam (2008) who discovered that assertiveness training makes an individual to improve on his interpersonal relationship. The possible reason that might explain the effectiveness of assertiveness training in enhancing self-concept among secondary school students is that assertiveness training technique is one of the best techniques to handle most of the low self-concept characteristics like lack of self-confidence, social skills, standing up to one's right, expression of feelings, opinion and acting boldly.

The finding of this study showed that there is no significant difference in the effectiveness of assertiveness training technique in reducing male and female secondary school students' low self-concept. This means that improvement on the self-concept of male and female secondary school students using

assertiveness training technique records no significant difference. The reason for this could be that assertiveness training technique procedures suits both gender.

Effects of self-management technique in enhancing secondary school students' self-concept.

The finding of this study showed that self-management technique enhanced self-concept among secondary school students. In other words the self-concept among secondary school students improved after being treated using self-management technique. The present study is in consonance with the study of Sammi, Dupaul, and George (2011) who reported that self-management technique was effective in handling adolescents' behaviour problems. The reason for this is that students took greater responsibility in modification of their low self-concept and this is good for goal/objective attainment.

The finding of this study showed that effectiveness of self-management technique in reducing secondary school students' low self-concept was significant. This means that application of self-management technique resulted to improved self-concept among secondary school students. This finding is consistent with the findings of (Fantuzzo and Polite, 2009, Hughes, Korinek and Corman, 2008, and Sammi, Dupaul and George 2011) that demonstrated positive effects of self - management intervention applied in school environment among students with behaviour problems. The reason for this is that self-management

technique involves students taking responsibility in modification of their low self-concept and this is good for objective/goal attainment.

The finding of this study showed that there is no significant difference in the effectiveness of self-management technique in reducing male and female secondary school students' low self-concept. This means that the improvement on male and female secondary school students' self-concept using self-management technique records no significant difference. The reason for this could be that self-management technique treatment procedures suits both gender.

Effectiveness of assertiveness training and self-management techniques in enhancing secondary school students' self-concept.

The finding of this study showed that self-management technique is slightly more effective than assertiveness training technique in enhancing self-concept among secondary school students. This means that more students showed enhanced self-concept after being treated with self-management technique. This present finding is in consonance with the studies which observed that self-management technique has consistently improved students' self-concept (Cole and Webber, 2011, Onyewudume, 2008, and Fadun, 2010). Probably, a reason for this is that students have sense of control over their own behaviour and this is inherently reinforcing.

Conclusion

The following conclusions were drawn from the findings of this study:

Assertiveness training and self-management techniques are effective in enhancing secondary school students' self-concept. Self-management technique is slightly more effective in reducing the low self-concept among secondary school students. Difference in the effectiveness of assertiveness training and self-management techniques in reducing the low self-concept of male and female secondary school students is not significant.

Implication of the Study

From the findings emanating from this work there is no doubt that they have far – reaching educational implications for secondary school students in particular, students' guidance counsellors, teachers, parents, society, and government. Some of the obvious implications of the study are as follows:

The implication of the effectiveness of self-management technique in enhancing secondary school students' self-concept is that students could also take responsibility in resolving their academic problems. This is so because self-management technique involves students taking responsibility to resolve their low self-concept behaviour problem.

The implication of the effectiveness of assertiveness training and self-management techniques in enhancing secondary school students' self-concept is

that it would make the students to have high sense of academic ability and this would result to high academic performance.

Another educational implication of the effectiveness of assertiveness training technique in enhancing secondary school students' self-concept is that students' assertiveness would make the students drop behaviour problems like shyness, withdrawal, lack of self-confidence, poor communication skills, lack of expression of feeling, opinion, and acting boldly, among others associated with low self-concept. This would enhance students' interaction with their class teachers, and fellow students during teaching and learning, and this could result to improved academic performance among the students. Also students' assertiveness would enhance interaction among themselves, other teachers, and other people beyond school environment.

Furthermore, the implication of the effectiveness of assertiveness training and self-management techniques in enhancing secondary school students' self-concept is that students' guidance counsellors would be motivated to use assertiveness training and self - management techniques in enhancing secondary school students' self-concept. This would minimize numerous behaviour problems like anxiety, withdrawal, unassertiveness, among others associated with low self-concept exhibited by the students and this would result to improved academic performance.

Moreover, the implication of effectiveness of assertiveness training and self-management techniques in enhancing secondary school students' self-concept is that secondary school teachers would be gingered to make referral to the students' guidance counsellors on low self-concept students.

The implication of the effectiveness of assertiveness training and self-management techniques in enhancing secondary school students' self-concept is improved academic performance. When students' academic performance is improved, parents are happy because it is the desire of every parent is to have their children educated.

Consequently, the effectiveness of assertiveness training and self-management techniques in enhancing students' self-concept makes the students to have high sense of academic ability. This invariably would make society to have more literate/enlightened persons.

The effectiveness of assertiveness training and self-management techniques in enhancing self-concept among secondary school students would make government, and education planners and administrators to note and appreciate the efficacy of behaviour modification techniques in improving secondary school students' behaviour. This could make guidance and counselling to have important place in the curriculum of secondary school students.

Recommendations

Consequent upon the findings and implications of this study the following recommendations are proffered.

1. Student guidance counsellors should use assertiveness training and self-management techniques in enhancing secondary school students' self-concept.
2. Student guidance counsellors should also use assertiveness training technique to enhance secondary school students' assertiveness and this would be of immense advantage to the students' academic activity and interpersonal life.
3. Self-management technique should be used more by student guidance counsellors in modifying low self-concept and numerous behaviour problems of students because of its advantages.

Suggestion for Further Studies

Researcher therefore suggests that further researches be carried out to cover the following:

1. A replication of the study could be carried out in Awka Education Zone using private secondary schools.
2. Other behaviour modification techniques like cognitive restructuring should be used by student counsellors to enhance secondary school students' self-concept.

3. Replication of the study could be carried out in other education zones in Anambra State and beyond.
4. The study could be carried out on either male or female secondary school students in any education zone in Anambra State.

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APPENDICES

APPENDIX A

ADOLESCENT PERSONAL DATA INVENTORY, SELF-CONCEPT SUBSCALE.

Instruction: Tick as it affects you the column of any number under ‘Least like me’, ‘Undecided’, and ‘Most like me’, for the items below.

	Least like me		Undecided	Most like me	
	1	2	3	4	5
1. I have warm social attraction for others					
2. I am a responsible person					
3. My life has great value for me					
4. I am afraid of enemies					
5. I am a submissive person					
6. I am active					
7. I am confident about what people think about me					
8. I am concerned about what other people think about me					
9. I constantly feel insecure					
10. I express my feelings freely					
11. I am an optimistic person					
12. I usually like people					
13. I like to work hard					
14. I can face my difficulty in life					
15. I am ambitious over attaining mastery of things					
16. I am unreliable					
17. I may lie in certain situations					
18. I fear I would fail on anything I plan to do					

19. I am self- centered					
20. I always agree with my mates on all issues					
21. I am dependably reliable					
22. I often feel lonely					
23. I am original in all ways					
24. I am Lazy					
25. I am shy					
26. I am always methodical					
27. I like to generate new ideas all the time					
28. I am always thirsty for knowledge					
29. Life is meaningless					
30. I like to be myself always					

APPENDIX B

PROCEDURE OF TRAINING RESEARCH ASSISTANT ON ASSERTIVENESS TRAINING FOR ENHANCING SECONDARY SCHOOL STUDENTS' SELF- CONCEPT.

Subject:	Behaviour modification
Topic:	Training of research assistant on the use of assertiveness training to modify secondary school students' low self-concept.
Date:	Before the beginning of the experiment/treatment
Duration:	One hour.
Time:	11.00 – 12noon
Age:	Adult
Status:	Students' Guidance Counsellor.

- First Step:** Introduction. The researcher visited the principal of the co-educational secondary school in Awka Education Zone that assertiveness training technique was used for improvement of the students' low self-concept. The researcher introduced herself, the study, and purpose of the study to the principal. The researcher asked the school principal for the assistance of the students' guidance counsellor, and made known her intentions to her and trained her as follows:
- Second Step:** Explanation of key words. Research assistant was trained by explaining self-concept, low self-concept, and assertiveness training technique to her.
- Third Step:** Knowledge of assertive behaviours. The researcher explained assertive behaviours like expression of feelings, opinion, and acting boldly, self-confidence, imbibing social skills, and standing up to

one's right to the research assistant.

Fourth Step: Knowledge of the under listed assertiveness training methods/techniques to the research assistant. The researcher explained the under listed assertiveness training methods/techniques to the research assistant.

- (i). Coaching – Establishing the problem situation, establishing boldness in the students, rehearsal, and execution.
- (ii) Scratched Record – Repeating one's request or refusal in exactly or different ways every time one is met with resistance
- (iii) "I Messages" – Expression of feelings by an annoyed person than attacking the offender
- (iv) Taking Criticisms – Take criticism from people not insult and also give criticism.
- (v) Knowing the facts relating to the situation and have the details to hand.
- (vi) Anticipating other peoples' behaviour and prepare your response.
- (vii) Re – condition and practice your own new reactions to aggressive and dominant people.
- (viii) Having faith that your own abilities and style will ultimately work if you use them.
- (ix) Prepare and use good open questions to expose flaws in the other people's arguments.

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Fifth Step: Knowledge of appropriate assertiveness training methods for assertive behaviours. The researcher explained the under listed assertive behaviours and their appropriate assertiveness training methods to the research assistant.

1	Assertive Behaviours	Assertiveness Training Methods
	Expression of feelings, opinions, and acting boldly	Coaching, Knowing the facts relating to the situation and have the details to hand, Scratched Record, and ‘I Messages’.
2	Building Self – Confidence	Knowing the facts relating to the situation and have the details to hand, having faith that one’s abilities and style will ultimately work if one use them, and anticipating other peoples’ behaviour and prepare your response.
3	Imbibing Social Skills	Coaching, anticipating other people’s behaviour and prepare your response, taking criticism as well as giving it and ‘I Message’
4	Standing up to one’s right	‘I Messages’, Scratched Record, taking criticisms as well as giving it, recondition and practice your own new reactions to aggressive and dominant people, prepare and use good open questions to expose flaws in other peoples’ arguments.

Sixth Step: Training on conducting post-test. The research assistant was trained on conducting post-test.

4. Seventh Step: Summary and Evaluation. The therapist summarised the training programme and evaluated with the following questions

- (i) What is assertiveness training?
- (ii) What is low self-concept?
- (iii) What are the assertiveness training technique/methods involved in expression of feelings, opinion, and acting boldly, building self-confidence, imbibing social skills?
- (iv) Relate application of ‘I Messages’ and Scratched Record to Standing up to one’s right.

APPENDIX C

ASSERTIVENESS TRAINING TECHNIQUE EXPERIMENTAL/TREATMENT

PROCEDURE.

1. Introduction of the researcher, research assistant, and the students to the participants. Also time and venue for the session/treatment was fixed by the participants.
2. Definition and explanation of self-concept, low self-concept, assertiveness training, and rationale for using assertiveness training to modify students' low self-concept by the researcher.
3. Explanation of the students' current low self-concept characteristics and consequences.
4. Enumerate objectives/goals to achieve by the students regarding improvement on their low self-concept behaviour problem.
5. Instructed and guided students on the process of modification of their low self-concept behaviour characteristics starting with lack of expression of feelings, opinions, and acting boldly, lack of self-confidence, lack of social skills, and lack of standing up to their right.
6. Behaviour rehearsal/role- play on assertiveness behaviours. Also post-test and encouragement were done.

APPENDIX D

ASSERTIVENESS TRAINING TECHNIQUE EIGHT WEEKS (SESSIONS) TREATMENT PROCEDURE FOR IMPROVEMENT OF SECONDARY SCHOOL STUDENTS' LOW SELF-CONCEPT.

Technique: Assertiveness Training

Skills: Rapport, Questioning, Clarification, Demonstration, Exploring, Reassurance, listening, Restatement, Encouragement, Silence, Suggestion, Feedback, Reinforcement, Problem Solving, Empathy, Verbal and Non – Verbal Communication, Persuasion, Confrontation, Summarization, De – Indoctrination, and Termination.

Theory: Instrumental/Operant Conditioning.

Recipients: Senior Secondary 1 and 11 (SS1 SS11) Students.

Duration: Eight Weeks (one hour session weekly).

Objectives: The main purpose of the treatment is to train the students to be assertive in order to drop some of the low self-concept characteristics exhibited by the students.

The treatment intends to help the students to:

1. Express their feelings, opinion, and act boldly.
2. Have self – confidence.
3. Imbibe social skills.
4. Stand up to their rights.

TRAINING PROCEDURE

WEEK ONE

Introduction.

Objectives – Students should be able to:

- Mention the time and venue for the treatment.
- Mention fellow students, research assistant, and therapist names.
- Define assertiveness training technique, self-concept, and low self-concept.
- Mention characteristics and consequences of low self-concept.
- Explain the reason for the use of assertiveness training technique on improvement of their low self-concept.

Time: One hour

Treatment

- (i) The therapist welcomed participants to the programme.
- (ii) The therapist/researcher introduced herself and the participants also introduced themselves.
- (iii) The therapist, research assistant and the students agreed on the time and venue for the treatment.
- (iv) The therapist explained the meaning of assertiveness training, self-concept, and low self-concept to the students.

- (v) The therapist explained to the students the rationale for the use of assertiveness training technique in the improvement of their low self-concept.
- (vi) The therapist explained low self-concept characteristics to the students.
- (vii) The therapist enjoined/encouraged participants to be active in the programme by contributing and doing their assignments, thanked students for their participation and reminded them time for next session.

WEEK TWO

2. Setting of objectives/goals and expression of feelings, opinion and acting boldly.

Objectives – Students should be able to:

- List the behaviours to achieve in the modification of their low self – concept behaviour problem.
- Say/express their feelings and opinion.
- Perform activities without feeling shy.

Duration: One hour.

Treatment

- (i) The therapist and the students tried to mention the behaviours to be achieved by the students concerning their low self-concept behaviour problem modification.
- (ii) The therapist explained to the students the meaning of expression of feelings, opinion and acting boldly. She also explained to the students using assertiveness methods of coaching, scratched record, ‘I messages’ knowing the facts relating to the situation and having the details to hand with a classroom situation how expression of feelings, opinion, and acting boldly could be achieved.
- (iii) The therapist asked the students to point out situations where they have not expressed their feelings, opinion, criticize, disapprove, and acted boldly and suggest what they should have done.
- (iv) The therapist asked the students to act a simulation on expression of feelings, opinion, and acting boldly (Role-playing technique).
- (v) **Assignment:** Participants were asked to practice expression of feelings, opinion, and acting boldly and relate their experiences to the group in the next session.

WEEK THREE

3. Building Self-Confidence

Objectives: The students should be able to:

- Address audience without fidgeting.
- Speak fluently and coherently when called upon to address audience.
- Express their feelings and opinion without fear and anxiety.
- Stand/maintain their decisions.
- Eager to do things that require self-confidence.

Duration: One hour.

Treatment

- (i) Review of assignment on expression of feeling, opinion, and acting boldly.
- (ii) The therapist explained to the students the meaning of self-confidence.
- (iii) The therapist using classroom hypothetical situations explained to the students how coaching, knowing the fact relating to the situation and have the details to hand, having faith that one's abilities and style will ultimately work if one use them, and anticipating other peoples' behaviour and prepare your response would help them to build self-confidence.

- (iv) The therapist encouraged students to participate actively in class activities, speech presentation, be members of debating and drama societies in order to build their self-confidence.
- (v) **Assignment:** The therapist asked the students to note interactions where they wished they had behaved confidently and to specify how they wished they had behaved.

WEEK FOUR

4. Imbibing Social Skills.

Objectives: Students should be able to:

- List actions that are social skills.
- Exhibit social skills.
- Mention difficulties they encounter in exhibiting social skills.

Duration: One hour.

Treatment

- (i) Collection and review of take-home assignment on behaving confidently.
- (ii) The therapist explained the meaning of social skills to the students.

(iii) The researcher/therapist also explained each under listed social skills pointing out the body languages involved to the students. She and the students reviewed when, why and how to use the skills.

- Greeting or salutation skills
- Being courteous and caring
- Ability to laugh and smile when appropriate
- Ability to show sympathy and be sorry to the offended.
- Ability to be cooperative
- Ability to be accommodating and understanding.
- Ability to be appreciative.
- Ability to reciprocate good gestures and commend good acts.
- Ability to express approval and affection.
- Ability to make requests/asking favours from someone.

(iv) The therapist with a hypothetical situations used coaching, and anticipating other peoples' behaviour and prepare your response to make the students imbibe social skills. The therapist modelled the skills extensively for the students and asked the students to practice the skills at home and note areas of difficulties.

WEEK FIVE

5. Standing Up to One's Right.

Objectives: Students should be able to:

- Define standing up to one's right.
- Insist knowing why they should do something that is not convincing to them.
- Say no to inappropriate requests.
- Say what they feel or think than what other people want them to say.
- Ask for what they want/need.
- Do things according to the dictate of their conscience than pleasing people.

Duration: One hour.

Treatment

- (i) Review of assignment on imbibing social skills.
- (ii) The therapist explained to the students the meaning of standing up to one's right.
- (iii) The therapist asked the students to mention the things/activities that are under standing up to one's right and added to their attempt by listing the under listed points.
 - Insisting, knowing why one should do something.
 - Saying 'no' to inappropriate requests.
 - Doing what one wants and not otherwise to please people.
 - Saying what one feel or think than what other people want you to say.

- Setting one's priorities/preferences.
 - Turning down intimidating situations.
 - Resisting pressure from others to behave in a manner contrary to one's desire/belief
 - Preventing people taking advantage of one.
- (iv) The therapist explained to the students using hypothetical situations how, scratched record, recondition and practice your own new reactions to aggressive and dominant people, prepare and use good questions to expose flaws in other people's arguments, "I Message", and taking criticism as well as giving it, are used respectively in impacting 1, 2/3, 4, 6, and 7, above assertiveness behaviours.

Assignment: Think of situations in the past where (1) insisting knowing why one should do something. (2) saying "no" to request when it is inappropriate. (3) doing what one wants and not pleasing people, were exhibited by you and narrate them in the next session.

WEEK SIX

Standing Up to One's Right Continued.

Objectives: Students should be able to:

- Set priorities/preferences.

- Resist intimidating situations.
- Asking for what they want.
- Claim their right.

Duration: One hour.

Treatment

- (i) Review of assignment on standing up to one's right.
- (ii) The therapist and the students discussed when, how, and why (1) setting one's priorities. (2) turning down intimidating situations. (3) claiming one's right, should be done
- (iii) The therapist briefly summarized standing to one's right sessions activities.
- (iv) **Assignment:** Think of a story to narrate in the next session that depicts any standing up to one's right activities.

WEEK SEVEN

7. Behaviour Rehearsal/Role-Playing.

Objectives: Students should be able to:

- Role-Play assertiveness behaviours.
- Evaluate their fellow students' performance.

- Recommend appropriate assertiveness behaviours.

Duration: One hour.

Treatment

- (i) Review of assignment on standing up to one's right.
- (ii) Participants were grouped into four groups, assigned respectively to role-play expression of feelings, opinion and acting boldly, expression of self-confidence, being courteous and caring, and turning down intimidating situations and after each role-play, the students gave feedback on participants' performance on dimension of overall assertion and recommended new behaviours.
- (iii) **Assignment:** Participants were asked to practice assertiveness skills acquired in the programme and note areas of difficulties.

WEEK EIGHT

8. Evaluation, Post-Test and Encouragement.

Objectives: Students should be able to:

- Define assertiveness training, self-concept and low self-concept.
- Explain the rationale for the use of assertiveness training technique in modifying low self- concept.
- Practice/exhibit assertiveness behaviours.

- Take the post – test.

Duration: One hour.

Treatment

- (i) Review of assignment on practice of assertiveness behaviours.
- (ii) The therapist assessed the students on all sessions and positive reinforcement was given to students that did the right things and corrections were given to students that did otherwise.
- (iii) The therapist reshuffled the items of the self-concept inventory and with the assistance of the students' guidance counsellor gave it to the students as post-test.
- (iv) The therapist/researcher encouraged the participants to continue practicing the assertiveness behaviours and not to relent and she made them to understand that practice makes perfect.

Closing remarks: The therapist/researcher thanked the students for taking part in the programme. Also the research assistant was thanked. The therapist asked the students' guidance counsellor to help students in maintenance of their assertiveness.

APPENDIX E

PROCEDURE FOR TRAINING OF RESEARCH ASSISTANT ON SELF-MANAGEMENT TECHNIQUE FOR IMPROVEMENT OF SECONDARY SCHOOL STUDENTS' LOW SELF- CONCEPT.

- Subject:** Behaviour modification
- Topic:** Training of research assistant on the use of self-management technique to modify secondary school students' low self-concept.
- Date:** Before the beginning of the experiment/treatment.
- Duration:** One hour.
- Time:** 11.00 – 12noon.
- Age:** Adult
- Status:** Guidance Counsellor.
- First Step:** Introduction. The researcher visited the principal of the co-educational secondary school in Awka Education Zone that self-management technique was used for improvement of the students' low self-concept and introduced herself, the study, and purpose of the study. The researcher also asked the school principal for the assistance of the students' guidance counsellor,

and made known her intentions to her and trained her as follows:

Second Step: Definition and explanation of key words. Research assistant was trained by explaining self - concept, low self-concept and self-management technique to her. Also the low self-concept behaviour checklist was given to the research assistant and the content explained to her.

Third Step: Knowledge of the under listed self-management technique stages by the research assistant. (i) Monitoring of the students' low self-concept characteristics with low self-concept self-management checklist by the students. (ii) Measuring of the exhibition of low self-concept behaviour characteristics by the students. (iii) Setting goals and objectives by the students and the therapist. (iv) Maintenance - application of behaviour modification techniques/methods on modifying or improving the students' low self-concept by the students with the help/guidance of the therapist

Fourth Step: Knowledge of the appropriate self-management behaviour modification techniques for the under listed low self-concept issues.

	Low Self-Concept Issues	Self-Management Behaviour Modification Methods
1.	Social Interaction Issues	Modelling, and Behaviour rehearsal
2	Confidence issues	Covert modelling, Covert rehearsal, Reinforcement etc.
3	Self-Commendation/Appreciation issues	Is- Self-modelling
4	Positive Self-Approval Issues	Modelling

Fifth Step: Training on conducting post-test. The research assistant was trained on how to conduct the post-test.

Sixth Step: Summary and Evaluation. The researcher summarized the training programme and evaluated the research assistant with the following questions

- (i) What is self-management?
- (ii) What is low self-concept?
- (iii) What are the self-management methods/techniques involved in social interaction, confidence and self-commendation/appreciation issues?

APPENDIX F

SELF-MANAGEMENT TECHNIQUE EXPERIMENTAL/TREATMENT PROCEDURE.

1. Introduction of the researcher, research assistant, and the students. Also time and venue for the session/treatment were fixed by the participants.
2. Give the students definition of low self-concept, self-management, and rationale for using self-management in modifying students' low self-concept.
3. Explain to the students their current low self-concept behaviour characteristics and the consequences.
4. Emphasize to the students the importance of taking responsibilities for the modification of their behaviour problem and also teach students the self-management plan/procedure such as problem identification, monitoring, objectives/goals setting, and self-maintenance.
5. Provide students with three items of the self-management plan: (a) the student log (this was improvised with a twenty leaves exercise book), (b) the low self- concept monitoring checklist (Appendix G, page 156) and (c) the low self-concept objectives/goals form (Appendix H, page 158).
6. Explanation of the monitoring checklist to the students so that students would identify their low self-concept behaviour characteristics.

Procedural checklist that was used by the therapist during monitoring, objectives/goals setting and behaviour modification technique application sessions.

After students have completed picking the low self – concept characteristics they exhibit and finish writing them in their logs, the therapist:

1. Commended students on compliance with the monitoring stage.
2. Assisted students in areas where they did not do the monitoring right.
3. Commented on students' conformity to targeted improvement on their low self-concept
4. Helped the students enumerate their goals regarding improvement of their low self-concept behaviour problem and provided the low self-concept self-management objectives/goals form (Appendix H, page 158) to the students.
5. Application of behaviour modification techniques. Instructed students to self-adjust their behaviour according to the behaviours on the low self-concept objectives/goals form (Appendix H, pages 158).
6. Instructed students to indicate on the objectives/goals form the degree of accomplishment of the required behaviour using a likert – type scale (ranging from 1 = never do it, 2 = rarely do it, 3 = often do it, 4 = frequently do it, 5 = always do it).

7. Instructed students to write down what they did that caused them not to achieve their goals.
8. Instructed the students to write down ideas that would be effective in achieving their goals.

APPENDIX G

LOW SELF-CONCEPT SELF-MONITORING CHECKLIST (a take home list studied by the students in order to pick the low self-concept characteristics exhibited by them and modify them).

I do not have confidence that I can do things rightly?

I do not boldly contribute my ideas during discussions with my class mates because I feel I don't have good ideas?

I do not present my opinions during interaction with my peers because I feel I do not have much to offer and even if I have it will not be accepted.

I do things to please people and displease myself in order to be accepted.

I do not take myself as a person that has good qualities.

I feel I do not have enough skills and knowledge to do things well.

I disbelieve peoples' good compliments about me.

I do not have feeling of admiration from people.

I do very much express disapproval of myself and agree with others criticisms about me.

I feel that people view me in the same negative ways I view myself.

I do feel that people have negative opinion about me and I always become defensive (that is protecting myself from peoples' criticisms).

I do negatively interpret peoples' behaviours towards me, thinking that people are taking advantage of me, taking me for granted, or mistreating me.

I do make negative statements about myself like 'I am not smart', 'I am not bold', 'I am not intelligent', 'I am not handsome/beautiful'.

I have illogical thoughts about myself like 'I am incompetent', 'I am worthless'

I feel inferior because of my poor background.

I feel disadvantaged irrespective of my beauty/handsomeness.

I feel inferior among my peers irrespective of my advantages.

I always wish to be like my peers whom I admire.

I feel inferior to my peers/classmates because of my poor academic performance and poor parent socio – economic status.

I do not appreciate my potentials.

I rarely engage in social interaction with people, class mates/peers

I find it difficult to exhibit social skills.

I do overreact emotionally to comments or behaviour of others that I view inappropriate or offensive.

I do not appreciate my physical appearance?

APPENDIX I,
SELF-MANAGEMENT TECHNIQUE EIGHT WEEKS (SESSIONS) TREATMENT PRO-
CEDURE FOR IMPROVEMENT OF SECONDARY SCHOOL STUDENTS' LOW SELF-
CONCEPT.

Technique: Self-management.

Skills: listening, reflection, demonstration, clarification, questioning, encouragement, verbal and non – verbal communication, rapport, empathy, suggestion, restatement, reinforcement/motivation, reassurance, silence, feedback, problem solving, exploring, persuasion, de-indoctrination, summarization, and termination.

Theory: Client-Centered Theory.

Recipients: Senior Secondary 1 and 11 Students (SS1 and SS11).

Duration: Eight Weeks (one hour session weekly).

Objectives: The main purpose of the treatment is for the students to use self-management in improvement of their low self-concept behaviour characteristics.

The treatment intends to help students to:

1. Monitor, identify, and record the low self-concept behaviour characteristics they exhibit.
2. Indicate the frequency and conditions in which they exhibit low self-concept behaviour characteristics.
3. Set objectives and goals to achieve in modifying their low self-concept behaviour characteristics.
4. Modify the aspect of their behaviours that deals with social interaction.
5. Modify the aspect of their behaviours that deals with confidence issues.

6. Modify the aspect of their behaviours that deals with self-commendation/appreciation issues.
7. Modify the aspect of their behaviour that deals with self-approval.

TRAINING PROCEDURE

WEEK ONE

1. Introduction.

Objectives: Students should be able to:

- Pick the time and venue for the treatment.
- Mention fellow students', students', research assistant, and therapist names.
- Define self-management, self-concept, and low self-concept.
- Explain the rationale for the use of self-management for improvement of their low self-concept.

Duration: One hour.

Treatment

- (i) The therapist welcomed participants, introduced herself and the participants introduced themselves.
- (ii) The therapist, students, and research assistant agreed on day, time, and venue for the treatment.

- (iii) The therapist explained the meaning of self-management, self- concept, and low self-concept to students.
- (iv) The therapist explained the rationale for the use of self-management in the improvement of low self-concept to the students.
- (v) The therapist enjoined/encouraged participants to be active, by contributing and doing their assignments.
- (vi) The therapist thanked students for their participation/attendance and reminded them time for next session.

WEEK TWO

2. Explanation on low self-concept characteristics, and consequences by the therapist, identification of low self-concept characteristics by the students using the low self-concept monitoring checklist and explanation on self-management procedure by the therapist.

Objectives: Students should be able to:

- Identify from the low self-concept monitoring checklist the low self-concept characteristics they exhibit and write them in their log books.
- Mention the consequences of low self-concept.
- Mention and explain self-management procedure.

Duration: One hour.

Treatment

- (i) The therapist explained to the students the low self-concept characteristics and consequences.
- (ii) The therapist thought the students the self-management plan/procedures; such as problem identification, goal setting, self-monitoring, self-evaluation, and self-reinforcement to be used specifically in their targeted improved low self-concept.
- (iii) The therapist provided or distributed to the students the low self-concept self-monitoring checklist (Appendix G, page 156) and asked them to use twenty leaves exercise book as improvised log book.
- (iv) The therapist explained the low self-concept monitoring checklist to the students making them to understand that the list contains characteristics/behaviour manifestations of a low self-concept person, and emphasized that they should study the checklist very well in order to know if they manifest any of the behaviours and write the ones they manifest in their improvised log book.

WEEK THREE

3. Self-Monitoring and Self-Measurement of Low Self-Concept Characteristics by the Students.

Objectives: Students should be able to:

- Monitor themselves and pick from the low self-concept checklist the low self-concept characteristics they exhibit.
- Write their low self-concept characteristics in their log book (improvised twenty leaves exercise book).
- Note the frequency at which they exhibit the low self-concept characteristics.

Duration: One hour.

Treatment

- (i) The therapist taught the students/clients the entire sequence of recording the manifestation of their low self-concept characteristics as indicated in the rules for self-monitoring on pages 65 - 66.
- (ii) The therapist instructed the students to indicate on their log the low self-concept characteristics and frequency they were manifested by them either in graph or otherwise, and the situation/conditions in which the low self-concept characteristics were manifested, taking note of other self-monitoring rules as indicated on pages 65 - 66.
- (iii) The therapist distributed the low self-concept checklist to the students' class teachers and the research assistant to study, and ask them to monitor the students behaviour.

- (iv) As students engaged in the monitoring and writing on their log of their low self-concept characteristics manifestation, the therapist checked the clients' log book and commended the students on their effort and clarified them on the areas they performed poorly.

WEEK FOUR

4. Monitoring Review, Objectives and Goals Setting.

Objectives: Students should be able to:

- Provide a comprehensive list of low self-concept characteristics they exhibit.
- Mention behaviours to be achieved at the end of modification of their low self-concept.

Duration: One hour.

Treatment

- (i) The therapist reviewed the students/clients self-monitoring assignments.
- (ii) The therapist helped the students/clients to set objectives and goals in relation to modifying their low self-concept characteristics. The students verbally stated what they wanted to achieve regarding their compliance with improving their low self-concept characteristics on weekly basis. Later the therapist distributed the printed low self-

concept self-management objectives/goals form to the students. Appendix H, page 158.

- (iii) The therapist explained thoroughly the content of the low self-concept self-management objectives/goals form to the students/clients; asked them to put in their best in the achievement of the stipulated objectives/goals.

WEEK FIVE

5. Maintenance Phase (Application of behaviour modification techniques).

Social Interaction Issues.

Objective: Students should be able to:

- Interact with people and peers.
- Exhibit greeting/salutation skills, conversation skills, and ability to smile and laugh when necessary.
- Stop over reacting emotionally to comments and behaviours of others that are inappropriate.
- Stop negative interpretation of peoples' behaviour towards them by thinking that people take advantage of them, and take them for granted.

Duration: One hour.

Treatment

- (i) Use of live modelling technique: This is a technique which is employed to encourage clients to model on selected lives or models who possess or exhibit particular desired behaviour meant to influence that of the client. The therapist asked the clients to mention one of their peers that they admire and respect for his/her good social skills. Then asked the students to describe how that pointed/chosen student handle a situation involving welcoming a fellow student parents on the school visiting day. The students were asked to note and imitate the model's facial expression, tone of voice, eye contact, posture, the speed with which he/she responds, and every other charisma that makes him/her possess the best social skills.

WEEK SIX

6. Maintenance Phase Continued.

Confidence Issues.

Objective: Students should be able to:

- Speak and act boldly without fear and anxiety.
- Stick to their decisions.
- Do things confidently.

- Boldly contribute ideas during discussion with peers.
- Object to requests that one does not want to oblige.
- Letting people know what they want.
- Do things to please oneself and not people.

Duration: One hour.

Treatment

- (i) Use of covert modelling technique: This involves the student to imagine how their model for any particular activity behaves or acts confidently and consequently practice to behave the same way, given the same activity. The therapist asked the students to imagine how their school head/prefect address them and also imagine how some students present morning assembly speech, and act drama on stage confidently; after imagining for some time, the clients were encouraged to behave exactly the same way these models behave.
- (ii) Use of covert rehearsal technique: This involves thinking and planning how to do something by imagination, and go ahead to do it physically. The therapist asked the students to suggest how to confidently address audience in a speech presentation and added to their response. The students integrated such ideas into their own. Then the students were asked to covertly rehearse several times how to address people until

they got use to it perfectly, to the extent that given the real situation, they were able to act confidently.

- (iii) Use of reinforcement: This is the addition of pleasant stimulus to a situation or the withdrawal of an unpleasant stimulus from a situation in order to increase or strengthen the response that preceded the stimulus. The students were enjoined to reinforce themselves positively when they have achieved or tried to achieve the past weeks objectives. In the case of non-achievement, the students were enjoined to negatively reinforce themselves by withdrawing from obstacles that are preventing them from achieving their objective.

WEEK SEVEN

7. Maintenance Phase Continued.

Self-Commendation/Appreciation Issues.

Objectives: Students should be able to:

- List good qualities they have.
- Commend themselves.
- Be excited towards their achievements.
- Express good feelings about people's good compliments about them.
- Express feelings of admiration from people.

- Make positive statements about themselves.
- Approve themselves rather than agree to others criticisms about them.
- Not feeling that people view them in the same negative way they perceive themselves.

Duration: One hour.

Treatment

- (i) Use of self-modelling: This involves an individual modifying aspect of his/her behaviour which he doesn't like by observing himself closely and making conscious efforts to reduce or eliminate the unwanted components. Students were enjoined to observe themselves closely, take note of the self-degrading behaviours they exhibit and make conscious effort to eliminate them and achieve the above stated objectives/goals.

WEEK EIGHT

8. Maintenance Phase and Closing.

Positive Self-Approval Issues.

Objectives: Students should be able to:

- Express happiness for their good qualities and achievements.

- Express non-disapproval of themselves and agree with others criticism about them.
- Stop having illogical thoughts like ‘I am incompetent’, about themselves.
- Take themselves as people that have knowledge and skills to do things well.
- Stop making negative statements like ‘I am not intelligent’ about themselves.
- Appreciate themselves.

Duration: One hour.

Treatment

- (i) Still the use of self-modelling: The students were enjoined to observe themselves closely, make conscious effort to do away with behaviours contrary to the above objectives and goals.
- (ii) The therapist reshuffled the pre-test questions on self-concept and with the help of the research assistant administered it to the students as post-test.

Closing remark: The therapist thanked the students for taking part in the programme. Also the research assistant was appreciated. The students were encouraged and also the therapist asked their class teachers and the students’ guidance counsellor to help students in maintenance of their improved self-concept.

APPENDIX J

PROCEDURE FOR TRAINING OF RESEARCH ASSISTANT ON LOW SELF-CONCEPT COUNSELLING FOR THE CONTROL GROUP.

Subject: Behaviour modification

Topic: Training of research assistant on low self-concept counselling for the control group.

Date: Before the beginning of the counselling.

One hour.

Duration:

Time: 11.30 – 12.30

Age: Adult

Status Students' guidance counsellor.

First Step: Introduction. The researcher visited the principal of the co-educational secondary school in Awka Education Zone that was used as control group for improvement of the students' low self-concept and introduced herself, the study, and purpose of the study. The researcher also asked the school principal for the assistance of the student guidance counsellor, and made known her intentions to her and trained her as follows:

Second Step: Definition of low self-concept. The research assistant was trained by defining and explaining self-concept and low self-

concept to her.

Third Step: Knowledge of the causes of low self-concept. The research assistant was highlighted on this.

Fourth Step: Explanation on the characteristics of low self-concept individuals. Information on this was given to the research assistant.

Fifth Step: Knowledge of the behaviour problems and maladaptive behaviours associated with low self-concept behaviour problem. The therapist listed behaviour problems associated with low self-concept behaviour problem to the research assistant.

Sixth Step: Knowledge of prevention of low self-concept. The research assistant was highlighted on this.

Seventh Step: Summary and Evaluation. The researcher summarized and evaluated the training session with these questions: (1) what is low self-concept? (2) what are the causes, characteristics, and behaviour problems of low self-concept?

Eight Step: Post-test on self-concept. The research assistant was intimated on the procedure of administering post-test on self-concept.

APPENDIX K

COUNSELLING ON LOW SELF-CONCEPT EIGHT WEEKS (SESSIONS) PROCEDURE FOR THE CONTROL GROUP.

- Technique:** Eclectic.
- Skills:** listening, reflection, clarification, questioning, encouragement, Verbal and Non – Verbal Communication, Rapport, Empathy, Suggestion, Restatement, Reinforcement, Reassurance, Silence, Planned Repetition, Feedback, Problem Solving, Summarization, and Termination.
- Recipients:** Senior Secondary 1 and 11 Students (SS1 and SS11).
- Duration:** Eight Weeks (one hour session weekly).
- Objectives:** The main purpose of the counselling is for the students to avoid low self-concept.

The counselling intends to help students to:

1. Define low self-concept.
2. Explain low self-concept.
3. List and explain causes of low self-concept.
4. Mention behaviour problems associated with low self-concept.
5. Enumerate characteristics of low self-concept individuals.

COUNSELLING PROCEDURE

WEEK ONE

1.Introduction

Objectives: Students should be able to:

- Mention the therapist, the research assistant and other students' name.
- Mention the counselling day, venue and time.
- Mention the counselling topic.

Duration: One hour.

Counselling

- (i) The therapist welcomed participants to the programme.
- (ii) The therapist introduced herself and the students introduced themselves.
- (iii) The therapist introduced low self-concept as the counselling topic.
- (iv) Day, time and venue for the counselling were agreed on by the participants.
- (v) The therapist enjoined participants to be active, by contributing and doing their assignments.
- (vi) The therapist thanked students for their participation/attendance and reminded them time and day for the next session.

WEEK TWO

2. Definition and explanation of low self-concept.

Objectives: Students should be able to:

- Define self-concept and low self-concept.
- Explain self-concept and low self-concept.
- Indicate their good qualities and their overall perception of themselves.

Duration: One hour.

Counselling

- (i) The therapist defined self-concept and low self-concept to the students.
- (ii) The therapist explained self-concept and low self-concept to the students.
- (iii) The therapist gave the students assignment to list good qualities they have and also point out how they feel about themselves.

WEEK THREE

3. Explanation on the causes of low self-concept.

Objectives: Students should be able to:

- Mention predispose causes of low self-concept.

- Avoid avoidable predispose causes of low self-concept and main cause of low self-concept.

Duration: One hour.

Counselling

- (i) The therapist reviewed assignment on self-perception.
- (ii) The therapist explained predispose causes of low self-concept to the students.
- (iii) The therapist enjoined students to avoid avoidable predispose causes of low self-concept
- (iv) The therapist gave the students assignment to find out how poor academic performance, physical appearance, peer influence, and parents socio-economic status predispose an individual to low self-concept.
- (v) The therapist asked students that feel poor academic performance, physical appearance, and parents' socio-economic status are affecting their perception of themselves negatively to own up.

WEEK FOUR

4. Characteristics of low self-concept individuals.

Objectives: Students should be able to:

- Mention characteristics of low self-concept individuals.

- Relate some of their behaviours to low self-concept.
- Examine themselves to know if they have low self-concept.

Duration: One hour.

Counselling

- (i) The therapist reviewed the assignment on predispose causes of low self-concept.
- (ii) The therapist asked the students to mention characteristics of low self-concept individuals and added to their attempt.
- (iii) The therapist also explained the low self-concept characteristics to the students.
- (iv) The therapist gave the students assignment to examine themselves and write the low self-concept characteristics they exhibit.

WEEK FIVE

5. Behaviour problems associated with low self-concept

Objectives: Students should be able to:

- Mention the behaviour problems associated with low self-concept.
- Explain the behaviour problems associated with low self-concept.

Duration: One hour.

Counselling

- (i) The therapist reviewed the assignment on low self-concept characteristics.
- (ii) The therapist pointed and explained the low self-concept behaviour problems to the students.

WEEK SIX

6. Prevention of low self-concept.

Objective: Students should be able to:

- Point out how to prevent low self-concept.

Duration: One hour.

Counselling

- (i) The therapist made the students to understand that low self-concept could be prevented by having rational/logical thought.
- (ii) The therapist used hypothetical cases on poor academic performance, parent socio-economic status, and physical appearance to buttress the above by making the students to understand that some people that have either poor academic performance, low parent socio-economic status or and ugly physical appearance tend to have low self-concept because of the irrational/illogical thought they have about the issues.

While some people that have the same issues do not have low self-concept because of the rational/logical thought they have about the issues.

WEEK SEVEN

7. Summary and Evaluation.

Objectives: Students should be able to:

- Enumerate issues on low self-concept.
- Answer questions on low self-concept.

Duration: One hour.

Counselling

- (i) The therapist asked the students to enumerate low self-concept issues and summarised the counselling on low self-concept.
- (ii) The therapist asked the students the following questions. (1) what is self-concept? (2) what is low self-concept? (3) what are the characteristics of low self-concept individuals? (4) what are the behaviour problems associated with low self-concept? (5) what is the main cause of low self-concept?

WEEK EIGHT

8. Post-Test on Self-Concept.

Objectives: Students should be able to:

- Take post-test on self-concept.

Duration: One hour.

Counselling

- (i) The therapist with the help of the research assistant reshuffled the pre-test questions on self-concept and gave to the students as post-test.
- (ii) The therapist thanked the students for taking part in the programme.
Also the students' guidance counsellor was appreciated.

APPENDIX L

EXPERIMENTAL AND CONTROL GROUPS TRAINING TIME-TABLE USED FOR MODIFICATION OF LOW SELF-CONCEPT AMONG SECONDARY SCHOOL STU- DENTS.

11.00am – 12 noon was used for the therapy on modification of the students' low self-concept behaviour problem. Assertiveness training experimental school was handled on Monday and Tuesday, while self-management experimental school was handled on Wednesday and Thursday and control group school was handled on Friday weekly for eight weeks.

APPENDIX M

SPSS OUTPUT OF ANALYSIS OF DATA

Means

PRETESTSCORE POSTTESTSCORE * TREATMENTMODEL			
TREATMENTMODEL		PRETEST- SCORE	POSTTEST- SCORE
Assertiveness Training Tech	Mean	81.1400	101.4200
	N	50	50
	Std. Deviation	5.58062	13.35403
Self-management Tech	Mean	81.5167	103.0000
	N	60	60
	Std. Deviation	6.66509	12.96671
Control Group	Mean	76.5250	85.8000
	N	40	40
	Std. Deviation	7.46612	7.46685
Total	Mean	80.0600	97.8867
	N	150	150
	Std. Deviation	6.85735	13.91949

Means

IFEOMA UMUAHIA 1 ONLY...sav

Report			
GENDER		PRETEST- SCORE	POSTTEST- SCORE
MALE	Mean	81.6400	102.9200
	N	25	25
	Std. Deviation	6.80000	13.24739
FEMALE	Mean	80.6400	99.9200
	N	25	25
	Std. Deviation	4.10163	13.56134
Total	Mean	81.1400	101.4200
	N	50	50
	Std. Deviation	5.58062	13.35403

Means

Report

GENDER		PRETEST- SCORE	POSTTEST- SCORE
MALE	Mean	79.6000	102.4333
	N	30	30
	Std. Deviation	7.72189	15.74513
FEMALE	Mean	83.4333	103.5667
	N	30	30
	Std. Deviation	4.81150	9.66930
Total	Mean	81.5167	103.0000
	N	60	60
	Std. Deviation	6.66509	12.96671

Analysis of Covariance

[DataSet3] C:\Users\Documents\IFEOMA UMUAHIA 1 AND 3.sav

Between-Subjects Factors

	Value Label	N
TREATMENTMODEL	1.00	50
	Training Tech	
	3.00	40
	Control Group	

Tests of Between-Subjects Effects

Dependent Variable: POSTTESTSCORE

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	7163.165 ^a	2	3581.583	28.988	.000
Intercept	924.134	1	924.134		
PRETESTSCORE	1741.290	1	1741.290		
TREATMENTMODEL	3055.836	1	3055.836		
Error	9171.290	87	105.417		
Total	819679.000	90			
Corrected Total	16334.456	89			

a. R Squared = .439 (Adjusted R Squared = .426)

Analysis of Covariance

[DataSet0] C:\User\Documents\IFEOMA UMUAHIA 1 ONLY.sav

Between-Subjects Factors

		Value Label	N
GENDER	1.00	MALE	25
	2.00	FEMALE	25
TREATMENTMODEL	1.00	Assertiveness	50
		Training Tech	

Tests of Between-Subjects Effects

Dependent Variable: POSTTESTSCORE

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	901.183 ^a	2	450.591		
Intercept	420.128	1	420.128		
PRETESTSCORE	788.683	1	788.683		
GENDER	64.342	1	64.342	.386	.537
Error	7836.997	47	166.745		
Total	523039.000	50			
Corrected Total	8738.180	49			

a. R Squared = .103 (Adjusted R Squared = .065)

Analysis of Covariance

[DataSet4] C:\Users\Documents\IFEOMA UMUAHIA 2 AND 3.sav

Between-Subjects Factors

		Value Label	N
TREATMENTMODEL	2.00	Self-management Tech	60
	3.00	Control Group	40

Tests of Between-Subjects Effects

Dependent Variable: POSTTESTSCORE

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	9087.832 ^a	2	4543.916	40.061	.000
Intercept	1443.043	1	1443.043		
PRETESTSCORE	1987.672	1	1987.672		
TREATMENTMODEL	4174.123	1	4174.123		
Error	10106.728	97	104.193		
Total	943100.000	100			
Corrected Total	19194.560	99			

a. R Squared = .473 (Adjusted R Squared = .463)

Analysis of Covariance

[DataSet2] C:\Users\Documents\IFEOMA UMUAHIA 1 AND 2_1.sav

Between-Subjects Factors

	Value Label	N
TREATMENTMODEL	1.00	50
	Assertiveness	
	Training Tech	
	2.00	60
	Self-management	
	Tech	

Tests of Between-Subjects Effects

Dependent Variable: POSTTESTSCORE

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	1970.860 ^a	2	985.430	.305	.582
Intercept	1384.147	1	1384.147		
PRETESTSCORE	1902.776	1	1902.776		
TREATMENTMODEL	47.826	1	47.826		
Error	16755.404	107	156.593		
Total	1169499.000	110			
Corrected Total	18726.264	109			

a. R Squared = .105 (Adjusted R Squared = .089)

Analysis of Covariance

[DataSet0] C:\Users\Documents\IFEOMA UMUAHIA 2 ONLY.sav

Between-Subjects Factors

		Value Label	N
GENDER	1.00	MALE	30
	2.00	FEMALE	30

Tests of Between-Subjects Effects

Dependent Variable: POSTTESTSCORE

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	20952.947 ^a	2	10476.474		
Intercept	83.432	1	83.432		
PRETESTSCORE	6413.681	1	6413.681		
GENDER	8495.869	1	8495.869	.615	.436
Error	787267.053	57	13811.703		
Total	1643660.000	60			
Corrected Total	808220.000	59			

a. R Squared = .026 (Adjusted R Squared = -.008)