



Original Research

ENHANCING SELF DEVELOPMENT AND ASSERTIVE BEHAVIOR OF ADOLESCENTS THERAPEUTIC GROUP THERAPY

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ABSTRACT

Introduction: Adolescents in fulfilling their growth and development tasks, impact their biology, cognitive, emotional, psychosexual, language, psychosocial, and behavior entering adulthood. The problem adolescents often encounter, in the form of behavior resulting from this transition period, is how to behave assertively. Therapeutic group therapy (TGT) allows adolescents to optimally fulfill their growth and development tasks and change their behavior to be more assertive.

Method: This study used a quasi-experimental design with a sample of 76 adolescents (38 intervention and 38 control). The instruments used were assertive behavior, behavior observation sheets, and therapeutic group therapy modules. The intervention group received 7 therapeutic group therapy sessions, each 30-45 minutes. The Assertiveness Inventory by Alberti and Emmons was used to measure adolescent assertive behavior. Meanwhile, this study used a dependent t-test for data analysis.

Results: Respondent characteristics included adolescents aged 13-15 years, females (52.63%), parents' educational level of Bachelor (63.16%), and parents' occupation as employees (42.11). The results show that aspects of adolescent self-development have a mean value of emotional (0.588), cognitive (0.533), language (0.435), and psychosocial (0.378). This indicates that there is a significant influence on adolescents' assertive behavior before and after TGT ($\alpha=0.05$ and $p\text{-value} < 0.001$).

Conclusions: Therapeutic group therapy can improve adolescents' self-development abilities (including growth and development tasks) and assertive behavior. Therapy can be used as a learning program at school/home by involving teachers, parents, and the community to improve the quality of life for adolescents.

Keywords: assertive behavior; self-development; growth; adolescent; therapeutic group.

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1. INTRODUCTION

Adolescents in the process of growth and development, experience changes and transitions in various aspects as preparation for adulthood. The global prevalence of adolescents is around 1.3 billion (or 16%) of the world's population and is now increasing (Unicef, 2023). In 2022, the population aged 10 to 24 in Indonesia amounted to 66.74 million people or 24.2% of the total population of 275.77 million (BPS, 2023). Adolescence, in its growth and

development, is full of challenges and exploration in adapting to the pressures of biological, psychological, and social transformation, internalizing community norms, and implementing desired behavior (Klimstra & Van, 2017; Renner et al., 2023; Galvan, 2021). However, their vulnerabilities and needs are so different from the children's age that they often go unaddressed (Unicef, 2023). With the increasing number of adolescents and increasing vulnerability,

there is a big possibility of increasing the phenomenon of adolescent problems in the future.

Adolescent mental health problems in the form of behavioral problems are also one of the focuses of efforts to improve the quality of the young generation as a generation of agents of change for a nation. Mental health problems in adolescents in the form of behavioral deviations are also the focus of efforts to improve the quality of human resources, especially adolescents, as a generation of change and assets for a nation. Adolescent behavioral problems tend to increase and are homogeneous, such as aggressive behavior, acts of delinquency, and use of addictive substances, as a cognitive reflection of adolescents so that they appear attractive, liked, and accepted by peers (Malcorps et al., 2023). The growth and development of adolescents at this age are still in the process of self-discovery and formation, which needs to be optimized thoroughly. They take actions due to interactions with other people and the social environment throughout their lives (Brown & Larson, 2009).

The problems adolescents face in completing their developmental tasks include personal problems, especially problems related to conditions at home and school, physical condition, appearance, emotions, social adaptation, tasks, and belief values (Hurlock, 1980). Typical problems during adolescence arise from ambiguous conditions, for example, difficulties in achieving independence, misunderstandings, or judgments based on wrong stereotypes. The task of adolescent development, which is accompanied by the development of intellectual abilities, stress, and new expectations that adolescents must experience, makes them vulnerable to disorders in the form of thought disorders, emotional and behavioral disorders, in addition to sadness, loneliness, and low self-esteem and doubts put them at risk of bad behavior. Adolescence experiences various changes in several aspects of growth and development. Adolescents in this stage are vulnerable to deviant behavior that violates norms and laws. Adolescents carrying out their growth and development tasks are at risk of experiencing deviations and developmental delays.

They often face problems (juvenile delinquency) such as fights between students, criminal acts such as theft and destruction of other people's property just for fun, as well as adultery, free sex, and out-of-wedlock pregnancy. Also, obscene acts such as sexual harassment, rape, and sodomy, use of pornographic sites, and intergenerational communication problems such as when receiving comments and advice are more likely to be perceived as feelings of accusation and blame. Apart from that, harassment, addiction to social networks, and the consumption and distribution of addictive substances may describe juvenile delinquency. This indicates something that the growth and development of adolescents at an early age are not aware of.

In this century, in the era of easy access to information on social media, adolescents'

communication skills in interacting have become the most important aspect that influences the formation of cognitive, behavioral, emotional, language, spiritual, and social aspects at their age (Bozzola et al., 2021). Deviations in unassertive behavior in adolescents tend to act aggressively, engage in bullying both verbally and non-verbally, act dangerously just to try and follow trends, oppose norms and religion in society, and desire to appear different from most people (Darjan et al., 2020). Important factors that can influence developmental tasks are (1) authoritarian and indifferent parenting patterns, which cause delays and incomplete completion of developmental tasks in childhood; lack of family support in the form of appreciation and motivation, guidance, and satisfaction of emotional needs; lack of family support and internal conflict. Therefore, adolescents will lack self-confidence, irritability, risky actions, and avoid social interactions (Song, 2023; Sarah et al., 2023). (2) Social media hurts them in the form of deviations in watching and listening to programs that may be considered normal but have a negative impact so that they can increase dissatisfaction with body image, increase aggression or apathy, both verbal and nonverbal, hamper physical development, lack of ability to adapt to the environment, negative problem solving and destructive behavior (Bozzola et al., 2020; chokes et al., 2022). (3) Traumatic or unpleasant experiences in childhood, such as victims of violence, victims of natural disasters, and terrible lessons at school (Parray et al., 2020; Pertiwi & Afriyanti, 2023).

As social individuals, adolescents face the process of acquiring new skills and tend to trust their peers, so potential problems and coping resources are more likely to come from peer groups. TGT is a therapeutic modality that provides knowledge about adolescent psychological development, such as forming social interactions, social skills, and understanding oneself and others (De Geronimo & Stoddard, 2021). TGT allows the young generation to learn how to respond positively to their needs, work together to face problems, behave and think, adopt values, and easily understand peer groups. In addition, it can help them overcome problems and create effective solutions, change, and find value among friends of the same age. (Kudla et al., 2023a; Ulger et al., 2018). In interacting socially with peers and the environment, adolescents must communicate well in every activity of their daily lives according to applicable norms and culture (Schwarzenthal et al., 2019). Adolescents with the correct communication techniques and patterns will train their abilities to process the information they receive, convey their messages and opinions, tell stories, and refuse wishes to others, especially their peers (Bandura, 1985; Bandura, 1986; Bishop, 2010).

The phenomenon of deviation and difficulty in communicating is often found in adolescents, giving the impact of tending to destructive behavior, including cases of bullying, emotional instability, aggressive behavior, deviant behavior, dependence on addictive substances, low sense of tolerance, and

lack of responsibility for the consequences for oneself and society (Sa'rbu et al., 2022; Malcorps et al., 2023). This is one of the biggest factors inhibiting the achievement of healthy and productive personal growth and development for adolescents. Therefore, young people need delivery skills through good and correct communication and behavior, which is called assertive behavior (Parray & Kumar, 2023). Sensitive to external stimuli, irritability, feelings of joy that quickly explode, difficulty adapting, showing unreasonable anger, and difficulty controlling oneself are all characteristics of emotions (Todorov et al., 2023). In the cognitive process, adolescents' thinking patterns change from concrete to formal operational, such as hypothetical thinking, using a future perspective to see situations, idealistic thinking because they have a critical attitude that is dissatisfied when looking at problems, and thinking systematically to solve problems (Brown & Larson, 2009).

Adolescents usually use slang words that are sometimes difficult for people outside their age group to understand and do not express what they think, which causes them to lack general language vocabulary (Walsh et al., 2023). The development of self-identity, autonomy, the formation of social relationships, the formation of new relationships, efforts to choose certain values, and changes in the relationship between children and parents are characteristics of psychosocial development (Kristina et al., 2023).

Assertive behavior is a way for adolescents to express opinions, ideas, feelings, and personal needs correctly, openly, and honestly and defend the rights of themselves and others interpersonally and in groups (Alberti & Emmons, 2008; Bishop, 2020). Adolescents with assertive behavior have a sense of awareness of the situation, self-confidence, good self-resilience, high self-esteem, emotional maturity, sociability, empathy, and minimal conflict with peers and other people (Bishop, 2010; Malcorps et al., 2023). Adolescents, with a tendency at their age, often interact with peer groups that suit their personality, so adolescents prefer to form special groups.

Therefore, mental health treatment for adolescents is needed to maximize their growth and development optimally so that they are expected to be able to interact, mingle with other peers outside their special group, and resolve the problems they are experiencing (Tamworth et al., 2022). One of the approaches for maximizing the achievement of adolescent growth and development is in the form of therapeutic group therapy for adolescents. TGT is a therapy focused on preventing psychosocial problems by teaching effective ways to deal with emotional stress in situations or developmental crises (Kudla et al., 2023). This therapy uses the technique of stimulating growth and development tasks in a group manner to form and improve the ability to express opinions, feelings, attitudes, and knowledge, help each other, share experiences, and seek constructive problem-solving together to

increase assertive behavior of adolescents (Brown & Larson, 2009; Bishop, 2010; De Geronimo & Stoddard, 2021). According to Yunita & Keliat (2022), after completing TGT, there was a significant increase in aspects of adolescent development (p-value 0.012) and an increase in the completion of adolescent development tasks from 8.8 to 10 points. Group interactions can provide opportunities for psychological development for adolescents, such as establishing social relationships, acquiring social skills, improving social interactions, and understanding themselves and others.

Makeama et al. (2021) showed an increase in adolescent development tasks in biological, psychosexual, cognitive, emotional, and psychological aspects, social psychology, language, and creativity after accepting children with special needs. The study results showed a significant increase after carrying out TGT in adolescents' self-identity from passive to active. When they (adolescents) are taught and guided to understand and try to complete their developmental tasks, understanding through discovering their strengths or weaknesses allows them to realize all aspects of themselves (Amanda et al., 2023).

Empirical research conducted by Arifuddin and Pangaribuan (2021) shows that TKT for junior high school adolescents can improve adolescents' psychosocial abilities by recognizing physical and mental deficiencies and weaknesses, self-awareness, mutual respect, respect for others, and independence. In addition to improving your ability to regulate your emotions by asking straightforward questions: "You can accept rejection from others, try to understand your own and others' emotions, and express your emotions meaningfully." A study through interviews with 15 adolescents who had traumatic experiences such as attempting suicide or killing someone else indicated that they need counseling therapy with their peers as a support group that can help them control chronic sadness, be able to move on with life, and have a life purpose and commitment to live better in the long term (Tamworth et al., 2022).

2. METHODS

2.1 Design

This research used a quasi-experimental design with a pre-and post-test with a control group approach to determine the effect of therapeutic group therapy on the assertive behavior of adolescents at junior high school. The therapy group consisted of two groups: the intervention group given treatment and the control group not given treatment.

2.2 Population and Sampling

This study was conducted from September 2023 to January 2024 at Junior High School in Jakarta with a student population of class VIII and class IX of 420 students. The sample size formula uses hypothesis testing for the mean difference by determining the

average standard deviation and the average difference before and after group therapy. Furthermore, it uses the 10% dropout formula to predict the sampling probability, and a total sample of 38 students was obtained for each group.

Adolescent inclusion criteria were never receiving psychological therapy, being willing to follow the procedure until completion, and having parents provide written informed consent. The sampling technique was purposive sampling and cluster technique, The selection of research objects uses a purposive sampling method by determining samples from the population according to the criteria and objectives desired by the researcher.

The researcher took samples using a clustering technique, namely selecting representatives of all classes at Level VIII (6 classes) and Level IX (6 classes). Class representatives are selected by identifying students willing to participate in therapy and then selecting numbers (lottery) to meet the sample size. The research group was divided into 2, namely the level VIII (intervention group classes 1,2,3 each class had 4 students and the Control group classes 4,5,6 each class had 4 students) and the level IX intervention group (intervention group classes 1,2,3 each class had 4 students and Control group are classes 4,5,6 each class had 4 students, totaling 38 students each group with a total of 76 adolescent divided into an intervention group of 38 students and a control group of 38 students.

The intervention group was divided into 5 therapeutic groups, each consisting of 7-6 students. This therapy is carried out after class lessons and outside school hours. All intervention groups received treatment in the form of TGT, which was carried out simultaneously and in different places. The facilitators were 5 therapists (1 researcher with a specialist background in psychiatric nursing and 4 nurses with experience in the Community Health Center for 5 years). The facilitator equalizes the TGT perception and briefing before the intervention with the student group. Students are given a TGT module which contains assignments based on aspects of adolescent development in each session (a total of 7 sessions), where each student fills in based on personal experience and understanding in each module session statement, then discusses and shares information together in groups (Kudla et al, 2023a; Modul Keperawatan Spesialis Jiwa, 2015). Researchers also involve classroom teachers or subject teachers in facilitating the research until completion.

2.3 Variable and Instrument

Data was collected through an adolescent characteristics form, an assertive behavior questionnaire, a therapeutic group therapy module, and a therapeutic observation form, which must be filled in completely by the facilitator and the adolescent. The assertive behavior instrument obtained a validity calculation value with a

probability value (p) of <0.05 and a reliability test of 0.9876 in the good category. The TGT model was adopted directly from the Psychiatric Nursing Specialist Module at the Universitas Indonesia. The adolescent characteristics form contains gender, age, parent/guardian's latest education, and parent/guardian's occupation. The assertive behavior questionnaire uses The Assertiveness Inventory by Alberti and Emmons (2002), which consists of 40 items containing 10 indicators, namely trying to achieve goals, self-disclosure, respecting and not disturbing other people's rights, honest and open, direct, not discriminating and benefits all parties, is socially responsible, refuses, appreciates praise and accepts criticism, and greets others.

The therapy observation instrument contains adolescents' non-verbal activities in body posture, eye contact, distance, physical contact, gestures, facial expressions, and obstacles in therapy. The nurse facilitator carried out observations during the therapy. The task instrument of adolescent development uses the TKT module (Psychiatric Nursing Specialist Module by the University of Indonesia 2015; Kudla et al., 2023), which contains 7 sessions in the therapeutic group therapy module, which contains aspects of adolescent growth and development in biological, psychosexual, emotional, psychological, language, behavior, and spiritual aspects.

Each aspect measures the normal growth and development achieved by adolescents. Session 1. Review and discuss the development that has been achieved and how to complete developmental tasks in 10 dimensions of development, namely biological, psychosexual, cognitive, psychosocial, moral and spiritual, language, emotion, creativity, and talent. Then, explain the characteristics, tasks of healthy development, and possible deviations. Session 2. Stimulating biological and psychological development by discussing how to stimulate biological and psychosexual development to achieve and maintain bodily health. Clean and healthy living habits control sexual desires and the consequences they cause. Session 3. Stimulate cognitive and language development, namely playing the game "Guess My Idol" by asking and giving questions and opinions without hurting the feelings of group members and carefully accepting opinions and comments that conflict with beliefs. Session 4. Stimulate moral and spiritual development, namely playing the game "The Best Values" about important and unimportant personal values, creating opportunities to provide feedback on small situations, small stage situations containing good and bad morality. Session 5: Stimulate emotional and psychosocial development, namely playing the game "Who Am I" by writing down feelings and opinions, expressing them verbally and non-verbally in front of the group, and discussing the short film "My Emotions, Their Impact and How to Prevent Them." Session 6. Stimulate the development of talent and creativity by playing the game "Show Courage" by

showing off talent and creativity, then giving each other positive reinforcement. Session 7. Evaluate the benefits and stimulation achieved by commenting on the changes felt, the positive capacity realized by exploring a person's full potential, positive values, and beliefs.

2.4 Procedure

Pre-test. The intervention and control groups completed assertive behavior questionnaires simultaneously and in separate places for 30 minutes. Intervention activities were carried out in 5 classrooms and the school library which were carried out simultaneously. The facilitator and members sit together in a comfortable and quiet circle. Meetings from session 1 to session 6 were held for 45 minutes each, and session 7 was held for 30 minutes, so the total time for TKT was 255 minutes (4 hours 25 minutes). Each meeting is held once per week.

Intervention. Therapeutic group therapy sessions were given to intervention groups, which were formed into 5 groups of 6-7 adolescents and accompanied by 1 facilitator. Adolescents carry out therapy stages by module procedures and fill in personal diaries outside of therapy activity time. Therapy consists of 7 sessions, each session lasting 30-45 minutes. Session 1. Review and discuss the development that has been achieved and how to complete developmental tasks in 10 dimensions of development, namely biological, psychosexual, cognitive, psychosocial, moral and spiritual, language, emotion, creativity, and talent. Then, explain the characteristics, tasks of healthy development, and possible deviations. Session 2. Stimulating biological and psychological development by discussing how to stimulate biological and psychosexual development to achieve and maintain bodily health. Clean and healthy living habits control sexual desires and the consequences they cause. Session 3. Stimulate cognitive and language development, namely playing the game "Guess My Idol" by asking and giving questions and opinions without hurting the feelings of group members and carefully accepting opinions and comments that conflict with beliefs. Session 4. Stimulate moral and spiritual development, namely playing the game "The Best Values" about important and unimportant personal values, creating opportunities to provide feedback on small situations, small stage situations containing good and bad morality. Session 5: Stimulate emotional and psychosocial development, namely playing the game "Who Am I" by writing down feelings and opinions, expressing them verbally and non-verbally in front of the group, and discussing the short film "My Emotions, Their Impact and How to Prevent Them." Session 6. Stimulate the development of talent and creativity by playing the game "Show Courage" by showing off talent and creativity, then giving each other positive reinforcement. Session 7. Evaluate the benefits and stimulation achieved by commenting on

the changes felt, the positive capacity realized by exploring a person's full potential, positive values and beliefs (Modul Keperawatan Spesialis Jiwa UI, 2015; Kudla et al., 2023).

Each session is held one time. Therapy starts from session 1, namely conducting an assessment and discussing adolescent development. Session 2 is the stimulation of biological and psychosexual development. Session 3 is the stimulation of cognitive and language development. Session 4 is the stimulation of moral development and spiritual development. Session 5 is the stimulation of emotional and psychosocial development. Session 6 stimulates the improvement of talent and creativity. Finally, session 7 is evaluating the benefits of stimulating adolescent development.

Post-test. At this stage, respondents completed an assertive behavior questionnaire for the intervention and control groups. After the post-test, the control group received health education about stimulating adolescent growth and development and assertive behavior.

2.5 Analysis

The data analysis process was used to test the normality of the data using the One-Sample Kolmogorov Smirnov normality test with a p-value of $0.055 > 0.05$. Meanwhile, univariate analysis was used to describe the demographic characteristics of adolescents using frequency and percentage distribution analysis. Data were analyzed using the dependent t-test statistical test.

2.6 Ethical Clearance

This study was carried out by researching ethical principles by applying the ethics of anonymity and volunteerism. Researchers explained the research's aims, procedures, results, and benefits to school authorities, classroom teachers, parents/guardians, and adolescents. The informed consent is first filled in and must be approved by the parents/guardians and the school, then the adolescent. This study also upholds equality for the intervention and the control group, where the control group received mental health education related to the growth and development of self-development abilities and assertive behavior of adolescents.

3. RESULTS

The results of this study are based on demographic data of 38 intervention group adolescents with characteristics aged 13-15 years, including females (52.63%) and males (47.37%). With parents' educational levels of Bachelor (63.16%), high school (31.58%), and elementary school (5.26%); and parents' occupation as employees (42.11%), entrepreneurs (30.42%), civil servants (21.05%) and laborers (5.26%). The TGT analysis of adolescents' self-development abilities and assertive behavior is explained in Table 1 and Table 2.

Tabel. 1 Self Development of Adolescents in Junior High Schools in Jakarta (n=76)

Aspects		n	Mean	SD	SE	t	Df	P-value	Mean diff 95% CI diff
1. Biological	Pre-test	38	4.03	0.972	0.127	1.000	35	0.160	0.053
	Post-test	38	4.10	1.000	0.158				
2. Psysosexual	Pre-test	38	2.65	0.215	0.020	1.000	35	0.223	0.004
	Post-test	38	3.05	0.315	0.029				
3. Moral	Pre-test	38	1.60	0.166	0.101	1.000	35	0.012	0.005
	Post-test	38	4.83	0.467	0.106				
4. Spiritual	Pre-test	38	3.28	0.265	0.041	1.000	35	0.023	0.323
	Post-test	38	6.50	0.599	0.095				
5. Psychosocial	Pre-test	38	2.60	0.310	0.028	1.007	35	0.008	0.378
	Post-test	38	6.38	0.725	0.146				
6. Creativity	Pre-test	38	6.33	0.240	0.091	1.025	35	0.013	0.239
	Post-test	38	8.72	0.453	0.340				
7. Emotion	Pre-test	38	1.05	0.216	0.038	1.005	35	0.001	0.588
	Post-test	38	6.93	0.717	0.145				
8. Talent	Pre-test	38	2.33	0.818	0.121	1.281	35	0.043	0.047
	Post-test	38	2.80	0.841	0.133				
9. Language	Pre-test	38	1.18	0.277	0.001	1.078	35	0.003	0.435
	Post-test	38	5.53	0.679	0.120				
10. Cognitive	Pre-test	38	2.18	0.371	0.130	0.074	35	0.001	0.533
	Post-test	38	7.51	0.834	0.138				
Self-Development	Pre-test	38	27.23	3.85	0.698	1.023	35	0.036	0.284
	Post-test	38	56.35	5.63	1.51				

*Significant at $\alpha = 0.05$

Adolescents' self-development abilities have increased significantly in cognitive, emotional, language and psychosocial aspects after carrying out therapeutic group therapy. The psychosexual, moral, spiritual, creativity, and talent aspects experienced a slight increase.

Table 2. TGT on Assertive Behaviour of Adolescents in Junior High Schools in Jakarta (n=38)

Group	Assertive Behaviour	n	Mean	SD	SE	T	Df	P-value	Mean diff 95%CI
Intervention	Pre-test	38	52.13	9.547	1.565	-5.136	37	0.000	9.789
	Post-test	38	96.32	4.708	1.250				5.927; 13.652
Control	Pre-test	38	59.30	9.840	1.524	-0.571	37	0.171	0.450
	Post-test	38	59.15	9.539	1.619				-1.143; 2.043

* **Significant at $\alpha = 0.05$**

Therapeutic group therapy positively impacts adolescents' assertive behavior by experiencing a significant increase in ability. Meanwhile, adolescents who did not undertake therapeutic group therapy found a decrease in assertive behavior if they did not undertake therapeutic group therapy.

4. DISCUSSION

Adolescents usually spend more time learning, trying new things, and socializing with their surroundings, especially at school. To develop and fulfill their growth and development tasks, adolescents must be able to interact, socialize, and collaborate in the community group system, namely peer groups at school (Bandura, 1986; Renner et al., 2023). Therapeutic group therapy is a remedial effort with peers to teach adolescents how to effectively

overcome developmental situations or crises so that they can help meet the needs of healthy and productive growth and development tasks (Parray et al., 2020; Walsh et al., 2023). The underlying technique in TGT is that adolescents carry out activities in the form of games, teaching, group discussions, and role-playing to find solutions and solve problems to stimulate their growth and development (Avilés-Dávila, 2023). This therapy stimulates the achievement of adolescent development abilities in biological, psychosexual, moral, spiritual, cognitive, emotional, language, psychosocial, talent, and creativity aspects (Galván, 2021; Raemen et al., 2022). This research indicates that TGT can improve aspects of adolescent growth and development tasks and assertive behavior. According to Yunita & Keliat (2022), after completing

TGT, there was a significant increase in aspects of adolescent development (p -value 0.012) and an increase in the completion of adolescent development tasks from 8.8 to 10 points. Group interactions can provide opportunities for psychological development for adolescents, such as establishing social relationships, acquiring social skills, improving social interactions, and understanding themselves and others. Makeama et al. (2021) showed an increase in adolescent development tasks in biological, psychosexual, cognitive, emotional, and psychological aspects, social psychology, language, and creativity after accepting children with special needs. The study results showed a significant increase after carrying out TGT in adolescents' self-identity from passive to active. When they (adolescents) are taught and guided to understand and try to complete their developmental tasks, understanding through discovering their strengths or weaknesses allows them to realize all aspects of themselves (Amanda et al., 2023). Empirical research conducted by Arifuddin and Pangaribuan (2021) shows that TKT for junior high school adolescents can improve adolescents' psychosocial abilities by recognizing physical and mental deficiencies and weaknesses, self-awareness, mutual respect, respect for others, and independence. In addition to improving your ability to regulate your emotions by asking straightforward questions: "You can accept rejection from others, try to understand your own and others' emotions, and express your emotions meaningfully."

Therapeutic group therapy focuses on activities carried out together and continuously with various therapeutic therapy interactions. This therapy involves brain function and physical and functional mechanisms in the body, thus providing a stimulus for a person's physical growth, such as stimulating the brain's working capacity, training the strength of the body's muscles, which are formed from the interaction of neurotransmitters and cells in the body (Galván, 2021; Afriyanti, 2018). Although there is no specific research regarding how TGT can influence the biological aspects of adolescents, TGT can certainly activate all biological functions in adolescents. Gender differences in self-regulation in middle adolescents found differences in academic achievement, peer interactions, and non-formal organizational activities (Tetering et al., 2020). Women's self-control, self-monitoring, and attention to things are higher than men's (Tetering et al., 2020). Therapeutic activities on the gender aspect, which are carried out jointly by both male and female adolescents, can increase social interactions with peers, thereby influencing adolescents' sexual task orientation (Cela-Bertran et al., 2023). Group social interactions with peers make adolescents more concerned about their appearance, attracted to other people, increase sexual fantasies, and form social roles (Cela-Bertran et al., 2023).

The moral aspects of adolescents in peer groups are created, formed, and implemented based on shared expectations in every interaction process

without rigid rules or even more flexibility. Hence, morals can be what an individual must do, whether he is a good person, how to treat others, how to empathize, and what is good to do (Dahl, 2023; Paruzel-Czachura, 2023). During therapy with peers, this interaction fosters a sense of concern for the welfare of group members, considering the rights and justice of other people (Dahl, 2023). This therapy also provides experience for adolescents in matters related to actions taken that are by social regulations, habits, and life experiences between one another, as well as social prohibitions and laws that regulate how adolescents think and behave well (Wang et al. al., 2019; Dahl, 2023). Therefore, good moral development becomes a reference for adolescents in leading themselves, making goals, hopes, and decisions, controlling desire fluctuations, and encouraging motivation to solve acceptable societal problems.

Adolescents with their spiritual development is not only related to the implementation of religious worship rituals but also how to understand and carry out beliefs and values that are considered good and evil, right and wrong, as well as what is permitted and not permitted in the social realm of society (Hayward et al., 2021). Adolescents' beliefs about their future lives will influence their healthy growth and development. Spirituality contains life goals, visions, and individual principles aligned in a group system (Hardy et al., 2021). Therefore, the hopes and needs of individuals and others will mutually strengthen and improve their spirituality. Spirituality is important in empowering individuals to increase commitment, productivity, happiness, and satisfaction with life and interpret life well (Deb et al., 2020). The growth and development of adolescent tasks in social interaction is that they are required to be able to give and receive opinions, resolve conflicts, increase the intensity of healthy interactions so that norms can be formed that have a strong influence, and form their abilities in collaborating with peers (Brown & Larson, 2009). Therapeutic group interactions allow adolescents to express appropriate and correct emotions according to their experiences to form new, adaptive thought patterns and behaviors (Todorov et al., 2023). Social interaction can also significantly increase anger control and reduce aggressive attitudes and impulsivity in adolescents (Makarevičs & Iliško, 2023b). Adolescent language skills increase cognitive and behavioral development abilities, including the ability to think abstractly, rationally, and causally (Bandura, 1986). Adolescents' natural language development stage is learning, understanding, and producing language structures that can be understood and accepted well using all their means and performance skills (Vagos & Pereira, 2019).

This study shows that TGT has a significant positive impact on increasing assertive behavior of adolescents in contributing to their growth and development tasks by achieving goals, developing communication skills, increasing self-confidence,

having a sense of empathy and competence, being able to make more weighty decisions, keeping situations under control, as well as building close relationships, to achieve greater success (Postolati, 2017; Darjan, 2020; Kudla et al., 2023). Adolescents who behave assertively more often make conclusions based on their observations, have more opportunities to achieve satisfactory results in forming social relationships, and are more satisfied with their lives in general (Orben et al., 2020). The verbal aspect in this study assesses 10 indicators, including how to achieve goals, expressing feelings, respecting and not disturbing other people's rights, being honest and open, expressing things directly, not discriminating against others and providing benefits to all parties, being socially responsible, rejecting, appreciating praise and accepting criticism, greeting and greeting others (Alberti & Emmons, 2002; Makarevičs & Iliško, 2023a). TGT is carried out to stimulate and train the fulfillment of growth and development tasks that must be completed with group members. Group dynamics that occur directly and continuously intensely, provide experience and train adolescents how to express opinions directly, compromise, make agreements, and solve problems to achieve common goals (Kudla et al., 2023; Jang et al., 2023). Adolescents who have highly assertive behavior means that they can express the things they want and mean honestly and firmly when giving opinions and are also able to accept and then consider other people's opinions to reach a mutual agreement and a good balance between verbal and non-verbal (Bishop, 2010; Kristina et al., 2023). Meanwhile, adolescents with low assertive behavior show that they often have difficulty expressing their feelings honestly, both verbally and nonverbally, and have difficulty expressing and are less assertive about what they feel and want (Makarevičs & Iliško, 2023a). This means that they cannot respect their own and others' rights. The low ability to behave assertively is influenced by various factors, including adolescents considering themselves as not having the right to have an opinion, feeling anxious about expressing opinions, and experiencing obstacles in expressing what they feel (Alberti & Emmons, 2002; Parray, 2020). Non-verbal aspect indicators consist of body posture, eye contact, distance, physical contact, gestures, facial expressions, and barriers to therapy (Bandura, 1986; Alberti & Emmons, 2002; Blegur et al., 2023). Generally, at the beginning of group meetings, new adolescents will adapt to the varying personalities of other people, so that in these meetings, adolescents are more silent, seem to have difficulty conveying what they think, cannot refuse requests from friends, tend to depend on friends, and even become the subject of jokes by the peers (U.S et al., 2021).

Meanwhile, suppose adolescents engage in intense therapeutic group interaction and it becomes a necessity. In that case, assertive behavior will be embedded in the adolescent's self-concept, which is displayed in the form of a strong self-identity, high self-confidence to start conversations, daring to give

opinions, easily give positive praise to others, and accepting other people's opinions gracefully that conflict with their personal opinions (Klimstra & Van, 2017; Wang et al., 2019; Hatano et al., 2020). With assertive behavior, adolescents can adapt to prevailing social norms, are not easily involved, defend their rights without harming others, confidently achieve their desires, interact smoothly with others, and are satisfied with whatever results they obtain. If TGT is carried out consistently by adolescents accompanied by direct passive supervision, adolescents will get used to and naturally behave assertively (Lofthouse et al., 2022; Kristina et al., 2023). Practicing assertive behavior, whether monitored or not, will be necessary for adolescents because assertive behavior is not an ability that has been inherent since birth because forming and getting used to it requires continuous habituation that starts from an early age. Apart from that, family, school, and community support can also maximize how adolescents behave assertively to fulfill their growth and development. Individual emotions especially in adolescents are influenced by parents' educational level as education shapes parenting patterns in a way that helps children grow (Song, 2023). Parents play an essential role and have a more significant impact on the growth and development of adolescents because they provide examples of positive behavior and knowledge about how to solve problems (Malmo et al., 2021). Psychosexual development teaches mastery and provides sex education and readiness to become parents (Hedge et al., 2022), so this encourages adolescents to avoid free sex and the tendency to marry early. Besides, it maintains physical health by adopting a healthy and clean lifestyle, exercising regularly, and controlling sexual disorders and their effects (Ramaswamy & Seshadri, 2019)

5. CONCLUSION

This research contributes to several insightful findings by proving that therapeutic group therapy significantly improves growth and development tasks and adolescents' assertive behavior becomes more positive. This is shown by increased growth and development tasks (cognitive, emotional, language, and psychosocial), positive thinking, respecting oneself and others and accepting other people's opinions that do not suit themselves well. This therapy is also important to apply to parents, teachers, and the community as a support system that significantly contributes to developing and improving development task and assertive behavior adolescents.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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