

# ASSERTIVE THERAPY—CAVEAT EMPTOR

## A Review Article

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Manuel J. Smith: *When I Say No, I Feel Guilty: How to Cope—Using the Skills of Systematic Assertive Therapy*. New York: Dial Press, 1975. 302 pp. \$8.95.

A debate rages in psychological circles: whether the “truths” of psychology should remain in the locked vaults of the Academy, to be shown a glimpse at a time to promising undergraduates, or whether “popularized” versions of staid psychological research should be made “public.”

The debate is not new. Freud’s rapid acceptance in America in the early 1900’s was quickly followed by books “explaining” dreams and their symbols. Skinner’s early work with the conditioned reflexes of pigeons was adapted to the training of animals for amusement.

Nor, unfortunately, does the debate provide standards by which the layman can judge the worth of popularized psychology. A current book, selling for \$4.95, promises complete toilet training of infants in twenty-four hours. Others, easily available in any drug store or supermarket, lure readers with promises of “psychoanalyzing yourself.” Currently the lay reader is besieged with the most recent version of this debate and the newest movement in group therapy: assertive training. Recent articles on assertive training have appeared in *Newsweek*, *Woman’s Day*, and *Reader’s Digest*.

This popularization of assertive training may lead laymen to believe that it is an established advancement with a long history in psychological thinking; it is not. The concept of assertive training has existed less than thirty years, since 1949 when Salter referred to assertive behavior as excitatory behavior. Assertive training has been seriously researched only since 1970.

Readers of Smith’s book should be aware that assertive training is a sub-division of behavior therapy, itself a recent development in psychotherapy. The major emphasis of behavior therapy is identification of an individual’s faulty habits which can be modified by methods developed and validated in the experimental laboratory. Reorganization of an individual’s personality, a goal of traditional psychotherapy, is not a major objective of behavior therapy.

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Despite its brief history, therapy has challenged the basic assumption of the traditional individual psychotherapies, namely the importance of focusing only on subjective behavior. A growing number of behavior therapists believe that behavior therapy can be applied to groups as well as individuals. They believe that behavior therapy groups provide effective alternatives to traditional modes of individual psychotherapy.

However, behavior group therapy is not a single treatment technique. Although all behavior groups share certain elements in common, they utilize a wide range of treatment techniques derived from various theoretical positions. At present, these techniques are in various stages of research and development. Some, such as reciprocal inhibition, have been well investigated. Other techniques, such as assertive training, *have not yet been formally* investigated. Although Smith considers assertive training a major behavior therapy, clinical and experimental reports on assertive training in groups are particularly sparse.

Still, Smith has taken the concept of assertive training, isolated it from behavior therapy, and produced a current best seller. Smith suggests assertive training for *individuals who experience difficulty saying and/or doing what they want to say or do in interpersonal situations*. In psychological literature, assertion refers not only to anger-expressing behavior, but also to the outward expression of friendly and affectionate feelings. However, the kind of assertive behavior that is most used in Smith's assertive training is anger-expressing behavior. For individual's inhibited from doing those things about which they feel strongly, the suppression of feeling may lead to an inner turmoil which may produce somatic symptoms and even psychosomatic illnesses.

On the first page in non-technical jargon Smith states his preference for behavior therapy over more traditional psychotherapies and his belief in the virtues of assertive training. He says:

To use what psychology does have to offer, it is more important to know *what will work*, not why it will work. For example, in treating patients, I find that it is typically useless to concentrate a lot on *why* a patient is in trouble; that tends to be academic masturbation and can go on for years with no beneficial results. It is much more beneficial to concentrate on *what* the patient is going to do about his behavior rather than to understand why he behaves as he does. (emphasis in original)

Smith easily separates what works from why it works, what an indi-

vidual does from why he does it. Apparently he defines "what works" by pragmatic measures of successful treatment in assertive training. However, since he does not give his readers concrete evidence of success, they must take his word that assertive training works, that it is successful. As a social scientist, I would prefer tangible evidence that assertive training indeed does work.

Even if Smith provided his readers with evidence of success in assertive training, I would still be concerned over his cavalier attitude that a psychologist need not concern himself with theory. It may be academic masturbation, as Smith states, to be concerned with why an individual is experiencing difficulties in expressing his self-assertion. But it may also be solid clinical methodology to establish the causes of this undesirable behavior, causes which then can be removed.

Rushing into group therapy without an understanding of what brings the individual into the group may be hazardous. The conditions that exist in an assertive training group may be the very conditions which will produce *further* anxiety and suffering for certain group members. Smith states that assertive training is designed for individuals who experience difficulty in interpersonal interactions. But failure to determine the cause of individual difficulties may be to invite the possibility of irreversible damage. By not concerning himself with the theory of self-assertion, Smith assumes that everyone brings the same "whys" with them into the group. Surely, if psychological research has established anything in its one hundred year history, it is the existence of individual differences.

In addition, Smith's opening statement reveals insidious symptoms of a business approach to group therapy. He appears to equate beneficial results in assertive training with fast results. It may be true that individual therapy can continue for years, but that is not to say that positive results do not occur. While not fast results, they may be permanent results.

Of course, Smith's assumption is in tune with American society in the 1970's. Our society is time-oriented. The constant question is: How soon can I have it? To entice an individual into short-term assertive training is to feed on our society's obsession with quick results and their frequent companion, superficiality. After all, who wants to go through years of therapy if a six-week assertive training group can do the job?

And for some individuals it may do the job. Then again in another three months they may be in another group which promises similar quick results. Naive lawmen are now rushing into assertive

training, in search of their "guru," as they have rushed into T.A., T.M., Gestalt, Esalen, and Erhard Seminar Training.

Attention must be given to the reasons for an individual's lack of assertion, a task to which Smith does not address himself. An individual may lack assertion for several reasons. He may be constantly placating other people because he fears to offend them, or because he feels a moral obligation to place the interests of others before his own. He may allow people to maneuver him into situations he does not desire. He may be unable to express his legitimate wishes. Most frequently, however, the individual's consistent failure to assert himself can be attributed to the fact that, for some reason, he never learned how to behave assertively.

Thus a very common type of individual for whom assertive training should be suggested is the one whose childhood training may have over-emphasized social obligations and made him feel that the rights of others were more important than his own. The therapist using assertive training should explore all factors—situational and personal—that hinder an individual's ability to be assertive. However, this is seldom done.

In addition to knowing why an individual fails in assertion, the potential group member should be aware of a limitation of assertive training. Conditioning theories, such as assertive training, require that to eliminate a habit of response to a stimulus, the stimulus must be present in the deconditioning situation. Deconditioning occurs when an individual learns to be assertive presented with the stimulus that in the past has made him non-assertive. The assertive training leader must identify that stimulus which provokes lack of assertion in his group members before he can attempt to decondition their non-assertive behavior. Knowledge of the individual's past conditioning history is a prerequisite for success in group work. The situation cannot be resolved by working only with the individual's current non-assertive behavior.

While assertive training techniques are not as standardized as some of the other behavior therapy techniques, and have not been as carefully investigated, several common principles run throughout Smith's assertive training. Many individuals recognize their need for assertiveness; but insight alone, however clear, may produce no change in their behavior. An indispensable function of the therapist is to help the individual translate his insight into action. For some, simple direct instruction is sometimes all that is necessary. More often, the individual must be gently led towards action. Often an example from previous cases is used to guide the individual into action.

A second principle of assertive training, in general, is the individualization of assertions. Examples of assertive statements are provided the individual. They are divided into two general categories. "Hostile" assertive statements include: "Why are you late?," "I can't stand your nagging," and "Would you please call me back? I can't speak to you now." Examples of "commendatory" assertive statements include: "That's a beautiful dress," "I love you," and "That was a clever remark." The individual learns how to use these general assertive statements in his particular life situation. He individualizes their usage to his own particular life situation.

A third principle of assertive training is one rule which must always be observed: never instigate an assertive act that is likely to have seriously punishing consequences. This warning is a fair one. Since some individuals in assertive training frequently begin to assert themselves in a matter of days, or a week or two, they must be warned about inappropriate use of assertion. As their hesitation to be assertive decreases, their acts of assertion become easier to perform. The more they do, the more they can do. The danger is that they will attempt to be assertive in potentially dangerous situations, i.e. faced by a gang of hoodlums demanding money.

A fourth principle found in assertive training is behavior rehearsal. The therapist plays the role of a person towards whom the individual has a past history of non-assertion. The individual is instructed to express his ordinarily inhibited feelings toward that person. Then the individual is made to repeat each statement, being constantly corrected by the leader and fellow group members until his utterance is satisfactory. The aim of the rehearsal is to make it possible for the individual to express himself when faced with his real "adversary."

So, if one accepts Smith's opening statement and his principles in group training, his book may be a useful one. Once the emphasis is put on what works, as opposed to why it works, attention can be directed to making assertive training work. The backbone of Smith's assertive training is his Bill of Assertive Human Rights, a basic framework for each individual's participation in human relationships.

There are ten rights beginning first with the right to be the ultimate judge of one's self. Smith states that each individual has the right to judge his own behavior, thoughts and emotions, and to take the responsibility for their initiation and consequences upon himself. Each individual has the right not to allow others to manipulate his feelings and thoughts. For Smith, to allow such manipulation is to violate personal dignity and self-respect.

Smith continues that once a person has become his own judge, he

has worked out a system of judging his own behavior. The particular judgment each individual makes about himself may not be "systematic, logical, consistent, permanent, or even sensible to everyone else." However they will, Smith says, be judgments that fit each individual's particular personality and lifestyle. Smith is saying that people should make their own decisions about the conduct of their lives.

However, the implied absence of feedback from others makes me hesitate. It may be fine for an individual to establish his own criteria of behavior. But I seriously doubt if it is ever done in absolute isolation from feedback from others. Feedback from others as to the correctness of an individual's actions can occur without manipulation of that individual. In fact, it is from feedback that we learn the social norms which we utilize to define assertion, Smith's goal. Fitting personal judgments onto personal behavior with little concern for feedback is to create a behavioral dictatorship. Judgments which lack systematic, logical, consistent, permanent, and sensible factors, of course, are made daily by all of us. They are also made daily by psychopaths. Smith does not provide us with a guideline for distinguishing between making such judgments in the name of individual assertive rights and making them from a psychopathic perspective.

Smith discusses the other nine assertive rights amplified with enlightening anecdotes. The nine rights are variations on the theme that each of us is responsible for our own actions and responsible only to ourselves for our behavior. For example, Right II states that we have the right to offer no reasons or excuses to justify our behavior. Right V is the right to make mistakes, Right IV to change one's mind, and Right VI to say "I don't know."

Smith devotes the rest of his book to practical exercises designed to help group members achieve assertion and to live up to his Assertive Bill of Rights. To be assertive one needs to know his assertive rights; he also needs to learn how to enforce these rights with assertive behaviors.

The major theme of the "how tos" is *persistence*. That one's assertive rights exist, that one accepts them as part of one's self, does not mean that other people will either respect or understand them, or change their own manipulative behavior. One way to overcome this situation is to be persistent in one's verbal assertion of his rights by employing the "broken record." The "broken record" is speaking as if one were a broken record, to keep saying what one wants to say. For example, when faced with a reluctant sales clerk who refuses to call the manager, the individual using the broken record technique

*repeatedly* says, "I can understand that you are busy. Please call the manager."

"Broken record" provides the individual with a means of enforcing assertive rights and of halting manipulation of his behavior by others. Smith's examples of the "broken record" are mostly from interaction with non-cooperative sales clerks. "Broken record" appears to be an effective weapon against the surliness and apathy many sales people seem to have developed. However one shudders at the thought of a confrontation between a customer and a sales clerk both trained in assertive training and both employing the "broken record" exercise!

For more intimate personal relationships, Smith provides a method called "workable compromise." This method is to be used in situations in which one's self-respect is not in question, such as, a love relationship. Each party gives and takes until both are satisfied with the resulting plan of action or decision.

Smith does not place moral value on exercises designed to establish assertive rights. After they are learned, what one does with them, for good or bad, is his responsibility. Assertive skills are amoral. After all, if one is to be the judge of his own behavior, he can also be the judge of how to utilize the techniques that gave him assertion.

Since the philosophy of assertive training is not concerned with the whys, but only with hows, and at that hows quickly produced, there is little if any screening of members prior to inclusion in assertive training. To state that what the individual does with assertive exercises is his responsibility, may not remove the group leader from all responsibility. The leader may be providing a potential psychopath with the behavioral tools to fully execute his assertive fantasies.

In traditional therapies the client's past history is well known to the clinician. Before any behavioral changes are suggested, the clinician reflects on possible consequences to his client. He is partly responsible for that client's psychological well-being. Not so in assertive training groups; no screening and no recording of past behavior occurs, except the general assumption that the individual has, in the past, experienced difficulty asserting himself in interpersonal situations. Perhaps if the group leader knew why the individual had experienced such difficulty, he might know whether he would misuse the tools of self-assertion. The group leader has an ethical responsibility to group members not to enhance the possibility of further pain and suffering.

As a group, behavior therapists, including assertive training leaders, subscribe to the codes of ethics of the professions from which they come. But the existence of ethical guidelines does not negate the need

for constant sensitivity to ethical issues any more than it guarantees that all decisions by behavior and assertive training therapists will always be in keeping with ethically responsible practice. It is to ethical questions in Smith's assertive training that I want to turn.

The group leader must be able to distinguish technical decisions from moral ones and to separate the tenets of his own moral code from the moral requirements of his client's situation. Every aspect of psychological treatment presupposes implicit and explicit moral questions. Some human problems are inevitably moral ones from the perspective of either client or therapist and some may be viewed as strategic or technical problems which may be treated without reference to value systems. In the first instance, the therapist must fulfill a moral agency in order to function at all, whereas in the second instance, he may restrict himself to impartial helping.

But if the therapist does not know the difference between these two instances, his own moral commitments may influence his technical functioning so that he strives to mold men to his own image or his technical acts may imply moral problems which he might himself abhor.

Smith treats problems of assertion as technical problems which can be overcome with exercises leading to self-assertion. However, without screening of group members he can not know whether a particular individual's problems in assertion are moral or technical, nor can he know whether the exercises in self-assertion will be properly utilized outside of the group. For some individuals, self-assertion and the exercises to increase it may be moral issues. A blanket statement that the exercises are amoral does not cover this contingency.

Another ethical issue is an objection to behavior therapy in general and to Smith's assertive training in particular, that the group leader assumes a kind of omnipotence by demanding the group's complete acquiescence to his methods. This method may denude the individual of his human dignity. However, a frequent counter argument is that the grades of acquiescence required of individuals in behavior therapy groups is the same as in any other branch of medicine.

Certainly individuals with pneumonia are usually ready to do what their doctor prescribes because he is an expert. However, as was pointed out in the earlier pages of this review, assertive training has not been formally investigated and clinical and experimental reports on assertive training in groups are particularly sparse. Thus, the implied analogy that an assertive training leader is an expert as a medical doctor is improper and misleading.

The doctor knows what pneumonia is, its causes and proper treat-



ment: its whys and hows. The assertive training leader is only concerned with the hows and knows little if anything about the "why" of lack of assertion in individual clients. More research needs to be done on assertive training before it becomes an acceptable form of group therapy and before it should be "popularized" as a quick cure for lack of self-assertion.

In summary, Smith's book has re-opened the debate in psychology over popularizing psychological research. While there may be those who would profit from involvement with an assertive training group, for this reviewer there are too many questions left unanswered. There needs to be more attention given to the reasons why individuals come into the group and more research on the theory behind assertive training.

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