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Assertiveness training

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Abstract

Assertiveness training is a form of behaviour therapy designed to help people stand for themselves-to empower themselves, in more contemporary terms. Assertiveness is a response that seeks to maintain an appropriate balance between passivity and aggression. Assertive responses promote fairness and equality in human interactions, based on a positive sense of respect for self and others. Assertiveness training can be an effective treatment for certain conditions, such as depression, social anxiety, and problems resulting from unexpressed anger. Assertiveness training can also be useful for those who wish to improve their interpersonal skills and sense of self-respect ^[1]. This article highlights on assertiveness, history of assertiveness training, assertiveness training procedure, benefits of assertive training.

Keywords: Assertiveness, assertiveness training, self-esteem, interpersonal communication

Introduction

Assertiveness is the ability of a person to defend his rights confidently and with dignity, while not disregarding the rights of others. Assertive is a direct, open behavior, not intended to cause harm to other people ^[2].

(Thenmozhi. S. 2009) ^[3] says there are four response categories involved in assertive behavior namely: the ability to initiate, continue and successfully terminate conversations, the ability to say 'no'; the ability to make requests or ask for favors, and the ability to express positive and negative feelings. Individuals who are not assertive do not respond in everyday interactions, and thus lack in spontaneity. Non-assertive individuals with expressive inhibitions lead unhappy lives. They generally experience a sense of emptiness and a feeling of dissatisfaction. Researchers have identified and specified verbal behavior that differentiate between assertive and non-assertive persons. Assertive individuals speak more loudly and make more requests of others than do non-assertive individuals. Assertive persons also use fewer words to get their message across and take less time to deliver message than do non-assertive persons. Similarly assertive people are more likely to maintain eye contact during conversation, to stand erect with their hands up and to match their expressions with what they are saying, than are non-assertive people. There is spontaneity, politeness and firmness in the speech of assertive individuals ^[3].

According to a study by Tanska R & Robbins P, a person with high scores on the scale of assertiveness is quite sociable, analyzes his problems, shares them, and actively acts. Unlike people with a low level of assertiveness, the assertive person is less inclined to irritability, solitude or

passive patience of inconveniences. Assertiveness is in a statistically significant positive relationship with such a mechanism of psychological adaptation to stress, as a solution to the problem ^[4]. In the work of M. Becker *et al.* it was shown that the assertiveness of the individual is a serious predictor of his ability to have his own point of view, to succeed in interpersonal relations. Assertive behavior gives an advantage in critical situations, conflicts that entail serious consequences; analysis of cases when assistance is needed, has confirmed the advantage of assertive behavior for satisfying vital needs ^[5].

Makhija, M. & P. Singh (2010) ^[6]. Assertiveness training is an area of study which has a long history within the field of behaviour therapy. Salter (1949) and Wolpe (1958) have recognized that certain individuals have specific problems in standing up for their rights and expressing themselves appropriately. These pioneers introduced the concept of providing assertiveness skills to help such individuals to function more effectively (Makhija & Singh, 2010) ^[6]. Since then the concept of assertiveness training has drawn the attention of many scholars, highlighting both its significance and making the term more precise ^[6].

Who Came Up with Assertiveness Training?

Assertiveness training was originally developed as an offshoot of the women's movement of the 1970s and it was designed to help women learn to stand up for themselves in situations where typically they hadn't in the past like in the workplace or in higher education settings. Today both women and men who are shy, or never learned how to appropriately and respectfully set boundaries and prioritize their own needs go through assertiveness training to learn

better ways to communicate in all facets of their lives including personal relationships, work relationships, and educational relationships [7].

History of assertiveness training

Assertiveness training has a long history, dating back to Salter's book *Conditioned Reflex Therapy*, published in 1949. Although Salter did not use the terminology "assertiveness training" at the time, he placed an emphasis on the need for certain individuals—especially those he called "inhibitory personalities" to learn how to express themselves more openly. For example, Salter encouraged individuals to make use of "I" statements, as a way of expressing what they thought and felt. At the time, Salter's writings had relatively little impact on the field. However, Wolpe, who is often given credit as a prime innovator in the creation of behavior therapy in the United States, found the use of such open and honest self-expressiveness as nicely fitting into this new approach to therapy (Wolpe, 1958). Wolpe conceptualized assertiveness training as a way of reducing anxiety. Although a primary method for anxiety reduction according to Wolpe was the use of relaxation, he thought of self-assertiveness as an additional intervention that could achieve the same goal.

In the mid-1960s, Wolpe collaborated with Lazarus to develop the first questionnaire for assessing assertiveness (Wolpe & Lazarus, 1966). Lazarus (1971) broadly defined assertive behavior as "social competence," and unassertive behavior was deemed a "social deficit." Specifically, Lazarus identified four abilities that were possessed by the assertive individual: (a) the ability to openly communicate about own desires and needs; (b) the ability to say no; (c) the ability to openly communicate about one's own positive and negative feelings; and (d) the ability to establish contacts and to begin, maintain, and end conversations (Lazarus, 1973).

Starting in the late 1970s when the civil rights movement was rising in the United States, several psychologists utilized assertiveness as a means of protecting individual rights without prejudice to the rights of others, emphasizing that all people had equal rights, regardless of social status (Alberti & Emmons, 1970; Fensterheim & Baer, 1975; Jakubowski & Lange, 1976, 1978; Lazarus & Fay, 1975; Smith, 1975). Alberti and Emmons (1970) developed the first assertiveness training book intended for public consumption, which argued that all individuals have a right to be the master of their own life and to act in accordance with their own interests, beliefs, and feelings. Several years later, Fensterheim and Baer (1975), Lazarus and Fay (1975), and Smith (1975) each published self-help books for increasing assertiveness across all domains of functioning. In his book, Smith (1975) included a list of 10 assertive rights for all people and was one of the first psychologists to advocate for the importance of assertiveness in intimate relationships [8].

Alberti and Emmons (2008) [9], creators of the first assertive training intended not for clinical practice of psychological treatment of nerve disorders but for activation of human potential, emphasized that all people have equal rights regardless of their social status and believed that a sense of self-worth along with the assertive style of behaviour was not only desirable, but also necessary to be developed in

everyone. They agreed that assertiveness was not a panacea against all troubles and failures that could occur in one's life, but through it, meeting challenges with confidence, the problems could be resolved in the best and adequate manner. The evidence established the effectiveness of structured learning and behaviour modification that occurs within groups. Assertiveness training is an important part of any form of behaviour therapy and based on the assumption that when any overt expressions of emotions are learned, displayed and reinforced, the corresponding subjective feelings will be felt (Anant, 2009) [9].

Assertiveness training is based on the idea that assertiveness is not inborn, but is a learned behaviour. Behaving assertively can sometimes be difficult for almost anyone, and is often impossible for some people. For this reason, assertiveness training focuses on not only talking about the importance of assertiveness, but also on learning assertive behaviour and practicing these behaviour with the help of professionals. Assertiveness training aims to increase the number and the variety of situations in which assertive behaviour is possible, and attempts to decrease occasions of passive or aggressive behaviour (Hoffman 1983) [10]. Assertion techniques are tools for everyday life, enabling people to enhance their social contacts and become more effective in personal and professional spheres [10].

According to Smith (1985), in order to be assertive a human being not only ought to know his/her rights, but should be able to apply them in different situations and under different circumstances. Moreover, assertive training and compliance with assertive rights are important not only for the specific person (as means to realize his/her potential), but also for the society as a whole, as these would help to harmonize the social and labour relations. A detailed description of a training programme for group therapy, aiming to develop assertive skills in the communicative sphere, has been offered by Doty (1987). The necessary basic skills for the assertive training included the habits of dating and maintaining a conversation, skill of active listening, effectively dealing with conflict situations and ability to openly and adequately express feelings (both positive and negative) Peneva & Mavrodieva, (2013) [11].

Empirical study on assertive training

Assertiveness training is widely used for people of different ages and background. The training has been shown to improve assertiveness, self-esteem, ego, interpersonal interactions, communication skills, and confidence between spouses, while decreasing social anxiety. The following outlines study results of assertiveness, self-esteem and interpersonal communication following an assertive training program.

Assertiveness

In several studies that have explored the influence of an assertiveness training program on assertiveness, subjects included alcoholics, university students with low assertiveness, nursing staff, inpatients, and outpatients from the department of psychiatry (Pfof *et al.*, 1992; Lee and Crockett, 1994; Chen, 1995; Weinhardt *et al.*, 1998). Six to 11 training sessions of 1- to 2-h duration were given. The Rathus Assertiveness Schedule, Assertive Scale, and Behavioral Assertiveness Test-Revised were used. Past

studies indicated that assertiveness of subjects was significantly increased after training; follow-up measurements taken four weeks to four months after the end of training were all significantly increased. Additionally, Meyer (1991) found that fewer than six training sessions did not have a significant effect on improving assertiveness.

Self-esteem

To determine the influence of an assertiveness training program on self-esteem, several studies were conducted involving disabled university students, pregnant women, and patients with schizophrenia, personality disorders, mood disorders, and eating disorders (Morgan and Leung, 1980; Temple and Robson, 1991; Brown and Carmichael, 1992; Montgomery, 1993). The scales used included the Coopersmith Self-Esteem Inventory, O'Mally and Bachman Esteem Scale, Rosenberg Self-Esteem Scale, and Self Report Questionnaire. Past studies have shown that self-esteem of subjects was significantly improved at follow-up measurement two months after the end of the training

Interpersonal communication satisfaction

To explore the influence of an assertiveness training program on interpersonal communication satisfaction, several studies were conducted with pupils in grade six, shy students in middle school, university students, and women with low assertiveness, officers, and patients with schizophrenia and depression. Scales used included the Response Probability, Social Avoidance and Distress Scale, and Assertion Inventory Form II. Past studies have found that assertiveness training improved human relations, positive interpersonal behavior, and interpersonal reactions, and decreased social anxiety. The effects measured at follow-up six weeks to six months after the end of the training were significantly improved (Gallion, 1984; Baggs and Spence, 1990; Wise *et al.*, 1991; Sharon, 1997; Korsgaard *et al.*, 1998).

Current status of assertiveness training

As suggested earlier, references to assertiveness and assertiveness training are rarely found in current reviews of the research literature. For example, arguably one of the key references to current research on psychotherapy, Bergin and Garfield's *Handbook of Psychotherapy and Behavior Change* (Lambert, 2013) contains no reference to assertiveness training. Similarly, in the fifth edition of Barlow's (2014) *Clinical Handbook of Psychological Disorders: A Step-by-Step Treatment Manual*, a reference source central to CBT, assertiveness training is not included as a primary treatment, although unassertiveness is identified as a key client characteristic in anxiety, depression, and alcohol/substance abuse disorders. Although there were several decades of a rich clinical and research literature on the therapeutic applications of assertiveness training starting in the 1960s, this began to change in the 1980s, when the NIMH moved away from a psychosocial model and adopted more of a medical model to treating psychological problems, construing psychological problems more as disorders. With this shift, funding priorities moved away from research on assertiveness and other trans diagnostic variables (e.g., perfection and procrastination) and required that research focuses on DSM disorders.

Although work on assertiveness training declined significantly in the literature, it continued to be present in the background, referred to with different names as a part of larger treatment packages, typically developed for the treatment of specific psychiatric disorders.

There are some arenas in which assertiveness training continues to exist and be studied as a stand-alone intervention, but primarily outside traditional therapeutic contexts. For example, there is growing interest in the role of assertiveness in the workplace, particularly with women (e.g., Pfaflman & McEwan, 2014) [12].

Segal, D.L (2005) [13] A large volume of research has been conducted on assertiveness training and these programmes are introduced in many settings. However, many of the assertiveness training studies were conducted on adults and some specific groups such as nursing staff (Gerry, 1989 and Segal 2005) [13]; college students (Averett & Mc Manis, 1977); students with learning disabilities (Firth,2001); indecisive students (Nota & Soresi,2003); working women (Brockway, 1976) and elderly people and adults with mental retardation (Hatzenbuehler and Schroeder, 1982; Franzke, 1987 and Donnelly, 1992) [13].

Gangwar, (2012) Establishing effectiveness of assertiveness training in facilitating development of assertiveness and positive change in certain characteristics is one approach of understanding the phenomena associated with assertive behaviour and related aspects. Another, naturalistic approach, focused on surveying the level of assertiveness in a population of interest and attempting to analyze certain characteristics as input factors and others as dependent outcomes. Sex, age, social group membership, birth order, educational status etc. have been considered as input characteristics in shaping assertiveness, and similar to the experimental approach, self-esteem, self-concept, academic self-efficacy and adjustment have been considered as outcomes [14].

In late twentieth century, use of assertiveness was more as a desirable aspect and it was used as a tool for self-development and self-improvement. In new millennium, this quality is being increasingly recognized as a prerequisite for employment in many professions, which are mainly related to communication. In early twenty-first century, assertiveness has become an integral part of professional relations in economic sphere, education, medicine, sports etc. Several specialized training programmes are being created for preparation of employees (Peneva & Mavrodieva, 2013) [11].

Definition of Assertiveness training

Assertiveness training is a form of behavior therapy designed to help people stand up for themselves—to empower themselves, in more contemporary terms. Assertiveness is a response that seeks to maintain an appropriate balance between passivity and aggression. Assertive responses promote fairness and equality in human interactions, based on a positive sense of respect for self and others [15].

Purpose

The purpose of assertiveness training is to teach persons appropriate strategies for identifying and acting on their desires, needs, and opinions while remaining respectful of

others. This form of training is tailored to the needs of specific participants and the situations they find particularly challenging. Assertiveness training is a broad approach that can be applied to many different personal, academic, health care, and work situations.

Learning to communicate in a clear and honest fashion usually improves relationships within one's life. Women in particular have often been taught to hide their real feelings and preferences, and to try to get their way by manipulation or other indirect means. Specific areas of intervention and change in assertiveness training include conflict resolution, realistic goal-setting, and stress management. In addition to emotional and psychological benefits, taking a more active approach to self-determination has been shown to have positive outcomes in many personal choices related to health, including being assertive in risky sexual situations; abstaining from using drugs or alcohol; and assuming responsibility for self-care if one has a chronic illness like diabetes or cancer.

Precautions

There are a few precautions with assertiveness training. One potential caution would be to remain within assertive responses, rather than become aggressive in standing up for oneself. Some participants in assertiveness training programs who are just learning the techniques of appropriate assertiveness may "overdo" their new behaviors and come across as aggressive rather than assertive. Such overcompensation would most likely disappear with continued practice of the techniques.

One additional precaution about assertiveness training is that it should not be regarded as the equivalent of martial arts training or similar physical self-defense techniques. It is important to distinguish between contexts or situations in which verbal assertiveness is appropriate and useful, and those in which it is irrelevant. In some situations, a person's decision to leave the situation or seek help because they sense danger is preferable to an encounter with a criminal.

How Is Assertiveness Training Done

Therapists help clients figure out which interpersonal situations are problems for them and which behaviors need the most attention. In addition, therapists help to identify beliefs and attitudes the clients may have developed that lead them to become too passive. Therapists take into account the clients' particular cultural context in this process. Therapists may use a combination of interviews, tests, or role-playing exercises as part of this assessment. Therapists help clients understand what assertiveness is and how behaving assertively may be helpful. Inaccurate or unproductive attitudes and beliefs about assertiveness are discussed. Once clients understand the importance of assertive behavior for their situation, therapists help them develop more assertive behaviors. For example, using a technique called behavioral rehearsal, a specific situation is described and then role played by the client and the therapist. Initially, the therapist may play the role of the client and model assertive behavior. The client and therapist then switch roles, and the client practices the new behavior. The therapist gives supportive, honest feedback after each role-play exercise in order to help the client improve his or her skills. Assertiveness training focuses on both verbal and

nonverbal behavior. Verbal behavior is the content of a communication - in other words, what is actually said. This includes expressing requests, feelings, opinions, and limits. Nonverbal behavior refers to the style of communication: eye contact, posture, tone and volume of speech, interpersonal distance, and listening ^[1].

Assertiveness training focuses on making "I" statements and expressing your ideas and your feelings in a way that is confident but not aggressive. If you have struggled to believe that your needs matter or that your ideas have value you might find assertiveness training uncomfortable at first. That's normal. The important thing is to keep going with the training.

When the training is done you will be more confident and have the right skills to ask for what you want and to know that your feelings do matter. Being able to express your feelings in a healthy and constructive way will give you the confidence to start setting and achieving new goals that you might have thought were impossible ^[7].

Preparation

Preparation for assertiveness training varies from person to person. For some participants, no preparation is needed before practicing the techniques; for others, however, individual counseling or therapy may help prepare the individual for assertiveness training. For participants who may be more shy and feel uncomfortable saying "no" or speaking up for themselves, a brief course of individual therapy will help to prepare them psychologically and emotionally to use assertive techniques.

Aftercare

Aftercare can involve ongoing supportive therapy, again based on the individual's level of comfort in using the assertive techniques. For those who are comfortable using the techniques on their own, a supportive social network or occasional participation in a support group will be enough to help maintain the new behavioral patterns. The ultimate goal is for each participant to self-monitor effectively his or her use of assertive techniques on an ongoing basis.

Risks

There are minimal risks associated with assertiveness training. Personal relationships may be affected if those around the participant have difficulty accepting the changes in their friend or family member. This risk, however, is no greater than that associated with any other life change.

Another potential risk is that of overcompensating in the early stages of training by being too aggressive. With appropriate feedback, participants can usually learn to modify and improve their responses.

People who are very shy or self-conscious, or who were harshly treated as children, may also experience anxiety during the training as they work toward speaking up and otherwise changing their behaviors. The anxiety may be uncomfortable, but should decrease as the person becomes more comfortable with the techniques and receives encouragement from others in the program.

Normal results

An enhanced sense of well-being and more positive self-esteem are typical results from assertiveness training. Many

participants report that they feel better about themselves and more capable of handling the stresses of daily life. In addition, people who have participated in assertiveness training have a better sense of boundaries, and are able to set appropriate and healthy limits with others. Being able to set appropriate limits (such as saying "no") helps people to avoid feeling victimized by others.

A healthy sense of self-determination and respect for others is the ultimate outcome of assertiveness training. Such a balance helps each person work better with others, and make appropriate decisions for themselves.

Abnormal results

Unusual results may include becoming too aggressive in setting boundaries, as if the individual is overcompensating. With appropriate training, role-play, and feedback, this response can be re-learned. Alternatively, for very shy individuals, a heightened sense of anxiety may be experienced when using the techniques initially. The nervousness or anxiety is usually due to the individual's concern about others' reactions to their assertive responses. Over time, the anxiety will usually decrease [15].

What Does Assertiveness Training Encourage

Assertiveness training teaches more than just how to be assertive. Assertiveness training teaches people how to handle tense situations or awkward situations without being confrontational but also without giving up their personal autonomy. When people know that their needs matter and that they have the right to prioritize their own needs they can listen to others and communicate clearly and openly without being combative but also without letting themselves be manipulated. Assertiveness training encourages people to speak up for themselves and make their feelings known. Your feelings do matter and being able to express them in a constructive way can eliminate disappointment and feeling badly about yourself.

Assertiveness training can help you navigate situations like

- Asking for a raise.
- Dealing with an unpleasant or combative coworker.
- Making phone calls that you used to put off because you were anxious about asking for things.
- Dealing with an overbearing relative or parent.
- Clarifying communication with a toxic friend.
- Speaking in public.
- Communicating with a spouse or partner.
- Putting your own ideas forward in work meetings or in educational settings.
- Interviewing for a job that you really want.
- Negotiating scheduling conflicts.
- And many other everyday situations that previously caused you stress or anxiety [7].

Can Therapy Help

All of us can learn to improve our assertiveness skills. Some people are able to improve their skills by reading books on assertiveness training and practicing the exercises outlined in the books. Such books are widely available in libraries and bookstores. For many others, however, professional help is necessary to make real and lasting improvements in

assertiveness skills. This is especially true if one's interpersonal problems are associated with strong feelings of anxiety or depression. If you or someone you know might benefit from assertiveness training, it is important to find a therapist or counselor who is an expert with this approach. Ask directly about the professional's training and experience with assertiveness training. Your family doctor may be able to refer you to a competent professional [1].

Conclusion

Assertiveness training is based on the principle that we all have a right to express our thoughts, feelings, and needs to others, as long as we do so in a respectful way. When we don't feel like we can express ourselves openly, we may become depressed, anxious, or angry, and our sense of self-worth may suffer. Our relationships with other people are also likely to suffer because we may become resentful when they don't read our minds for what we are not assertive enough to be telling them. There are no hard-and-fast rules of what assertive behavior is; rather, it is specific to the particular time and situation. In other words, behavior that is appropriately assertive for one person in one situation may be either excessively passive or too aggressive for someone else in a different situation. Finally, assertiveness training is based on the idea that assertiveness is not inborn, but is a learned behavior. Although some people may seem to be more naturally assertive than others, anyone can learn to be more assertive [1].

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