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ANXIETY AND SKILL IN ASSERTIVENESS TRAINING:

A CRITIQUE AND RECONCEPTUALIZATION

by

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ANXIETY AND SKILL IN ASSERTIVENESS TRAINING:

A Critique and Reconceptualization

Assertiveness training has recently been embraced by many as an important therapeutic area. As such, it is surprising that there is considerable diversity and lack of agreement with regard to definition, research procedures, dependent variables, and criterion measures. In addition, there is a rather marked lack of uniformity with regard to treatment techniques for assertiveness difficulties.

Specifically, with regard to definition, assertiveness has been conceptualized as non-anxious emotion (e.g., Wolpe, 1958); as cortical excitation (e.g., Salter, 1949); as aggression and anger (e.g., Rimm, 1967); as friendly affectionate behavior (e.g., Wolpe, 1958); as standing up for your rights (e.g., Alberti and Emmons, 1975); as the free expression of feelings (e.g., Gormally, 1975); as emitting proper eye contact (e.g., Eisler, et al, 1974); as the ability to say no (e.g., Lazarus, 1973); as self-respect (e.g., Fensterheim, 1975); as the ability to accept compliments (e.g., Austin and Phelps, 1975); and as sarcasm and contradiction (e.g., Friedman, 1971; Salter, 1949). These do not by any means exhaust the list.

With respect to assertiveness training, any or all of the following techniques can and have been used: Role-playing (e.g., Friedman, 1971); role-reversal (e.g., Neuman, 1969); feedback (e.g., McFall and Marston, 1970); coaching (e.g.,

McFall and Twentyman, 1974); instructions and exhortation (e.g., Goldstein, et al, 1974); progressive relaxation (e.g., Lazarus, 1965); desensitization (e.g., Cautela, 1966); modeling (e.g., McFall and Twentyman, 1974); anger and aggression in-vivo (e.g., Holmes and Horan, 1976); resentment motivation (e.g., Wolpe, 1958); confidence training (e.g., Susskind, 1970; Suinn, 1973); training by peer modeling and guiding (e.g., Ascher and Phillips, 1975); increasing eye contact (e.g., Eisler, et al, 1974); use of excitatory exercises (e.g., Salter, 1949); rehearsal desensitization (e.g., Lazarus, 1965); punishment (e.g., McPherson, 1972); bioenergetic techniques (e.g., Palmer, 1973); self-reinforcement (e.g., Aiduk and Karoly, 1975); shock-escape techniques (e.g., Rimm, 1967); cognitive restructuring (e.g., Ludwig and Lazarus, 1972; Wolfe and Fodor, 1975); and covert assertion (e.g., Rimm, 1975). This list is also not exhaustive.

Given this diversity with regard to definition and treatment, it necessarily follows that there be rather diverse approaches to research, perhaps the greatest split occurring between studies which emphasize role-playing based treatments and measures, and studies (usually case reports) which in contrast emphasize anxiety based treatments and measures.

It is the present author's belief that a close examination of all these differences will uncover two rather different but not necessarily independent streams of thought operating

in the field of assertiveness. One can be described as an anxiety-based view of assertiveness, the other can be thought of as a skill-based view. In the former, assertiveness problems would be conceptualized as stemming primarily from anxiety or historically based trauma towards the assertive interaction; in the latter, assertiveness problems would be conceptualized as stemming from skill deficits in the assertive interaction.

Anxiety based views of assertiveness are taken to be those in which consideration of a patient's anxiety in assertive interactions is of prime focus in treatment. A variety of behavioral treatment methods which deal primarily with the anxiety component of the assertive difficulty, and which can be identified with an anxiety based approach to assertiveness, include techniques like systematic desensitization, flooding, cognitive restructuring, and the like. Common to all of these treatments is that anxiety disinhibition is emphasized as a treatment goal.

In contrast, skill-deficit approaches to assertiveness are defined as those which focus primarily on skill teaching or training in treatment. The goal of therapy is to eliminate the 'assertiveness' skill-deficit via the training. The nature of the skill-deficit, be it in terms of acquisition or just performance, has not been made clear by the literature. However, most deficits are treated as though acquisitional in nature in that the primary treatment in-

volves some form of teaching or skill-induction. The nature of the skill required for assertiveness has not been made clear either--behavior like the ability to say no, as well as demeanor and eye contact have all been labelled as skills and have been treated as trainable. Treatments which deal primarily with the teaching aspects and which can be identified with a skill-deficit approach to assertiveness including techniques like behavior rehearsal, role-playing, feedback, coaching, modeling, and instructions. Common to all of these treatments is that skill-induction is emphasized as a treatment goal.

Although one can't easily tease apart the anxiety and skill aspects of assertive responding, it may be useful and valuable to impose an anxiety vs. skill superstructure, as defined above, upon the field of assertiveness and to analyze discrepancies (e.g., definitional and treatment modalities) in relation to such a dichotomy.

An historical evaluation and review of assertiveness is undertaken then with a view towards tracing the development and influence of anxiety and skill-deficit orientations on the field of assertiveness training. This examination is carried out with the goal of clarifying and integrating research findings in this field, of reducing confusion, and of suggesting conceptually different ways of looking at the data and thus generating appropriate research hypotheses for future investigation. Along these lines, theories and

research to be reviewed below will be discussed in terms of their inclusion into either a skill training or anxiety reducing category with regard to the treatment of assertiveness.

HISTORICAL OVERVIEW

Salter's Excitatory Theory (1949):

Salter (1949) was one of the earliest proponents of assertiveness who argued for its use as a therapeutic technique.

Based upon a modification of the Pavlovian conditioned reflex theory of neuroses (Pavlov, 1927), Salter (1949) posed a trait based view emphasizing the distinction between excitatory and inhibitory processes. For this theory, dominance of the inhibitory processes was hypothesized to lead to fearful, anxious and emotionally "constipated" individuals (i.e., excitatory personality). For Salter, then, neuroses were due primarily to an excess of the inhibitory processes.

Treatment was based on the arousal of the excitation centers. Since this presumably weakened the neuroses-causing inhibitory centers, arousal of excitation was the primary therapeutic goal. The manner in which excitatory processes could be aroused was believed by Salter to be readily accomplished through the patient's expression of habitually inhibited nonanxious feelings. As Salter (1949) notes, "in therapy, one gets rid of conditioned inhibitory emotional reflexes by practicing deliberate excitatory emotional reactions which become conditioned excitatory emotional reflexes (p. 103)."

Practice in using such "excitatory responses" was effected by prescribing the following six exercises to all patients,

regardless of symptomatology (Salter, 1949): It might be noted, here, that Salter assumed that patients knew how to do these exercises, i.e., they were not being taught how to do them. The problem was that the patients were too inhibited (i.e., *in*anxious) to do these exercises and required practice in them.

1. Feeling Talk: The deliberate utterance of spontaneously felt emotions. Salter adds: "The rule is emotional truth, even if it risks expediency. Forego premeditated utterances; say what we feel when we feel it (p. 98)."
2. Facial Talk: Showing emotional expression.
3. Contradicting and Attacking others: "When you differ with someone do not simulate agreeability. Instead, externalize feeling, and contradict on an unprovable emotional basis (p. 99)."
4. The deliberate use of the word "I".
5. Expression of agreement when you are complimented.
6. Improvisation: "Don't plan. Live for the next minute, and that's fifty-nine seconds too long (p. 100)."

Quite often, the assignment of these tasks were graded in terms of their ability to occasion anxiety and discomfort, and in this respect the assignments were not unlike Wolpe's (1958) method of systematic desensitization. Salter, in fact, claimed that the reduction of anxiety, in being the shadow of inhibition, is managed by an increase in excitation.

It seems rather clear then, with regard to the anxiety-skill distinction drawn above, that this early view of assertiveness, in gearing itself primarily toward general disinhibition and reduction of social anxiety, was in effect positing an anxiety based theory of assertiveness. There is no implication here of skill-training or teaching aimed at reducing skill-deficient repertoires.

Theoretical difficulties for this view center largely around the lack of operationally defined terms. For example, to assess assertiveness, does one analyze, at the cerebral cortex level, the extent of excitatory arousal, and if so, what psychophysiological measures would one employ; or does one assess assertiveness at the behavioral level of cortical activity, and if so, which behavioral counterparts would be emphasized. Furthermore, even if clarity were available at this level, there is little experimental justification that cortical excitatory arousal, in itself, is therapeutic, and if so, that its' effectiveness could be accomplished through the initiation of the six behavioral exercises developed by Salter.

In addition, the fact that acute anxiety states themselves are excitatory, that inhibition techniques like relaxation are very effective in the treatment of neuroses, and that excitatory techniques like 'electroconvulsive therapy' are not generally valuable in treating neuroses (Wolpe, 1954), also pose problems for this theory.

Given such basic difficulties, it is not surprising, then, that there be a paucity of available research testing Salter's views. In fact, the main body of work in this area is that which Salter himself presented in support of his theory. This constituted a series of case studies, mostly successful, which demonstrated the application of excitatory therapy to a variety of psychological disorders, including psychopathic as well as psychosomatic difficulties. However, except for a few cases (e.g., Rathus, 1972; 1973), no controlled experimental investigations testing Salter's therapy have been reported. With regard to the Rathus studies, in which both Salter's and Wolpe's views were integrated, these were primarily concerned with increasing bold, aggressive and outgoing social interactive behavior while reducing fear of social confrontations. Treatment involved practicing a few of Salter's techniques weekly for seven weeks; these tasks, however, were not graded with respect to anxiety, and the technique of role-playing was added to the treatment procedure. Thus, this does not constitute a pure test of Salter's theory. Assessment of treatment was based on responses to an assertive and to a fear inventory as well as observer ratings of in-vivo interview behavior.

Results of the earlier study did not find significant differences between the assertiveness and control groups used (Rathus, 1972). However, in the later study in which videotape-mediated models were added to the treatment procedure (Rathus, 1973), significant differences were observed between control and experimental groups. This seems to indicate

that modeling may be valuable in the treatment of assertive difficulties. There is no support here, however, for the effectiveness of the Salter-like exercises assigned, for the in-vivo homework assignments, nor for the role-playing procedure. Moreover, with regard to the anxiety/skill distinction, the effectiveness of modeling, in obtaining a treatment effect here, cannot clearly be taken as a supportive of either an anxiety nor of a skill approach to assertiveness in that its' effectiveness may be mediated both by its' teaching elements (i.e., skill-induction) as well as by its' disinhibition aspects (i.e., anxiety-reduction) (Bandura, 1969).

Wolpe's Reciprocal Inhibition Theory of Assertiveness (1954, 1958):

For Wolpe (1958) "most neuroses are basically unadaptive conditioned reactions (p. xi)." Wolpe found that the elimination of the fear response could best be accomplished by causing some other response to occur which is incompatible with anxiety. Since anxiety is characterized by the arousal of the sympathetic division of the autonomic nervous system, incompatible responses to anxiety would be those capable of reciprocally inhibiting sympathetic arousal. Responses which are physiologically antagonistic to anxiety include such things as muscular relaxation, eating, sexual behavior and assertive responses. For Wolpe (1961) "in the case of neurotic responses conditioned to situations involving direct interpersonal relations, the essence of reciprocal inhibition therapy has been to instigate in the situations concerned new patterns of behavior of an anxiety-inhibiting kind whose repeated exercises gradually weakens the anxiety response habit (p. 190)." These anxiety inhibiting patterns of behavior are what Wolpe terms "assertive responses". Although there are different forms of assertive response (i.e., aggressive and affectionate responding) that factor which makes a response assertive is its anxiety-inhibitory characteristics.

It seems rather clear, then, that for Wolpe, at this early point in the formation of his theory, social anxiety was of major therapeutic concern. Assertive responses were used

for therapy only because they were believed to counter-condition anxiety. Counterconditioning of anxiety was believed to occur at two levels of response--at the autonomic level, in which counter-conditioning occurred because of the physiologically based antagonism between the expression of anxiety and anger; and at the behavioral level, in which counter-conditioning of fear occurred because of the motoric behavior involved in the expression of anger and aggression.

Therapy involved the instigation of assertive-aggressive responding for the patient, and was accomplished through creating 'resentment motivation'. In rare cases, in which this was insufficient to motivate the patient to behave aggressively in real life encounters, Wolpe (1958) included a psychodrama or play-acting procedure in the therapy. Play-acting in the lab, in which the therapist took the role of a person evoking anxiety in the patient, presumably disinhibited some of this anxiety. Play-acting was not, however, considered important to the treatment

The manner in which assertive responses were assigned to one patient for outside practice, paralleled an in-vivo desensitization format, thus, Wolpe suggested practicing assertive responses (i.e., anger, aggression) graded in terms of their anxiety eliciting potential. In addition to outside practice, Wolpe also often used in vitro desensitization of social fears to deal with assertive problems.

It seems then that for Wolpe, as was evident for Salter

(1949), anxiety and its' reduction was of major focus in the treatment of assertiveness problems. In addition, there was, at this time, no allusion to skill deficits or need for skill training in dealing with interpersonal difficulties.

Difficulties for Wolpe's theory center around a poorly operationalized definition of assertiveness--i.e., is assertive responding manifest when there is psychophysiological evidence of parasympathetic dominance; or is assertiveness manifest when socially nonanxious behavior is emitted, and if so, what represents socially nonanxious behavior. Wolpe, as well as Salter seemed to bypass some of these issues by relying somewhat exclusively on the self-report of the patient in terms of behavior and comfort level in the situations in question.

In addition, Yates' (1970) criticism regarding Wolpe's use of assertive responses in the counterconditioning of anxiety calls into question the theoretical validity of assuming that change at the behavioral level (i.e., instigation of the assertive response) would necessarily lead to change at the autonomic level (i.e., parasympathetic nervous system dominance). Instead, Yates recommends in-vitro systematic desensitization in the treatment of assertive or social anxiety problems, just as one would use for any clear-cut phobia. In general, Yates (1970) sees "no logical reason whatsoever for treating assertive responses as a distinct category from other kinds of positive behavioral responses

which become possible when relaxation responses replace anxiety responses (p. 72)."

With regard to research, the general lack of experimental investigation of Wolpe's theory poses a problem for its' evaluation. There exist a number of case studies which suggest that the anxiety based view of assertiveness Wolpe posited at this time could be successful (e.g., Wolpe, 1958; Stevenson, 1959; Stevenson and Wolpe, 1960; Walton and Mather, 1963; Cautela, 1966; Rimm, 1967; Neuman, 1969; Geisinger, 1969; Goldstein, 1970; Katz, 1971; Roback, et al, 1972; Nydegger, 1972, 1972; Edwards, 1972; and Suinn, 1973).

For many of these studies, however, other techniques such as systematic desensitization have also been added to the treatment. Although these cases were largely successful, due to the use of multiple treatments for the assertiveness difficulties, one cannot assess the therapeutic importance of instigating assertive responses independently of the other techniques made available.

In general, a tendency for the simultaneous use of many treatment modes in studies of assertiveness training has limited the possibility of assessing specific components of these packages. This has been the case not only for case studies but for experimental studies as well.

The experimental investigations to be reviewed at this point involve only those which appear to provide information

about the effectiveness of assertiveness therapy as conceived of by Wolpe (1958), i.e., an anxiety based view of assertive problems with therapy including the use of in-vivo homework assignments that are graded with respect to anxiety, and the possible use of other anxiety reducing techniques. The number of such investigations, however, is quite limited (e.g., Seitz, 1953; Lomont et al, 1969; Perkins, 1972; and Booream and Flowers, 1972). Furthermore, since none of these studies were designed to test Wolpe's method, it is not surprisingly that they did not do so successfully.

The Seitz (1953) study, for example, although not strictly an experimental investigation, was psychodynamically oriented and is cited in support of Wolpe's theory by Wolpe himself (1958). It was found here that only those patients expressing anger and aggression in daily encounters recovered from a psychosomatic based skin disease while those who expressed these sentiments only in their therapist's office were not recovered. Even more dramatic was the finding that when the recovered group were forbidden to continue behaving aggressively out of the office, they generally relapsed. Although these reversals were accidental to Seitz' intentions, and although the study was not an experimental investigation, its' findings here do provide suggestive information regarding therapeutic outcome of in-vivo anger.

The remaining studies in which some feature of Wolpe's technique is incorporated are marred by the fact that inadequate or inappropriate subject populations were tapped. Perkins

(1972) for example, used college students--it has been noted in this regard that individuals going for assertive training have significantly higher anxiety scores than those reported for college students (i.e., Gambrill and Richey, 1975). In addition, both Lomont et al, (1969) and Booream and Flowers (1972) used psychiatric inpatients--in this regard, there is evidence that psychiatric inpatients do not benefit from assertiveness training nor from systematic desensitization procedures, perhaps due to the large doses of phenothiazines they receive (Weinman, et al 1972; Serber and Nelson, 1971). In either case, results of studies using psychotic populations may be inappropriate for the evaluation of assertiveness therapy techniques.

In addition to inappropriate subject populations, inappropriate and diverse dependent measures of assertiveness were also used, for example, assertiveness was variously represented by scores on the MMPI, the Guilford-Zimmerman Temperament Survey; and the Spielberger the Subject-Experimenter Scale. No in vivo or follow-up measures were programmed. Interesting to note however is that except for a few findings with regard to the MMPI, there were no significant differences between experimental and control groups for any of these measures. Booream and Flowers (1972) note, however, that in their study, the group experiencing assertive therapy ala Wolpe was reported to be released much earlier from a hospital than were the control group subjects. However, no statistical analysis of this difference was provided.

Unfortunately, given the noted limitations in these studies, there appears to be little in the way of valid experimental assessment of Wolpe's (1954, 1958) theory of assertiveness.

HISTORICAL SHIFT IN PERSPECTIVE WITH REGARD TO ASSERTIVENESS:

As noted above, little consistency existed with regard to techniques and measuring instruments used in studies of assertiveness. One commonality, however, appears to exist with regard to anxiety being considered the basis for the assertive problem. Every report noted thus far has defined assertiveness, either in theory or by its dependent measures as an anxiety based phenomenon. However, inconsistency at this level as well appeared to emerge during the mid-1960's, with the elaboration of role-playing techniques as focal in the assertiveness training procedure.

Play-acting or role-playing had initially come to be known as behavior-rehearsal largely through the influence of Gittelman's (1965) report regarding its' therapeutic application. Gittelman, in suggesting this mode of treatment, was concerned specifically with the difficulty children have in producing vivid visual images necessary for systematic desensitization. It was hypothesized that if the situations can be played out, the need for visual imagery will be bypassed. Thus, behavioral rehearsal functioned as a substitute for systematic desensitization, i.e., it dealt primarily with anxiety.

Lazarus (1965) in applying behavior rehearsal in an individual case study was careful to first teach the patient progressive relaxation as well as to grade each role-play or behavior rehearsal in terms of anxiety evoking potential. Role-plays were not considered dealt with until the patient reported no anxiety during the scene. Thus, a systematic desensitization format was used. Successful outcome of this case study was not accomplished, however, until systematic desensitization proper and carbon dioxide treatments were also made use of.

It is interesting, though, that Lazarus (1965) conceptualized treatment effectiveness here as resulting not only because the anxiety-response habits were systematically eliminated, but also because via behavior rehearsal "effective instrumental responses were simultaneously provided (p. 82)." The instrumental responses Lazarus refers to appear to be those which he modeled for his patient, and which Lazarus assessed to be 'desirable responses.' Specific components of the desirable response included "general demeanor, posture, facial expression, inflection in tone, and the like (p. 81)." According to Lazarus, such a treatment program "provided specific training in the acquisition of adaptive responses (p. 82)."

Lazarus' statements seem to address themselves to at least two issues. The first involves the validity of the statements. For example, given the fact that Lazarus (1965) made

use of many techniques specifically of an anxiety-reducing type, in addition to behavior rehearsal, the fact that behavior rehearsal paralleled an in-vivo form of systematic desensitization, and the fact that behavior rehearsal had to be followed up by systematic desensitization and carbon dioxide treatments in order to effect a successful outcome, makes dubious Lazarus' claim that the effectiveness of behavior rehearsal was mediated by the teaching components of the procedure--i.e., shaping adaptive responding. The second and perhaps more relevant issue centers around the fact that this is one of the earliest statements in which assertive responses are conceptualized as needing to be shaped, provided, modeled, or taught, and that this teaching could be effected via role-playing or behavior rehearsal. Thus, although Lazarus (1965) still posited the importance of anxiety reduction, he clearly added a 'teaching' component to assertive therapy.

Emphasis on the teaching aspects of assertiveness training generated an experimental investigation of behavior rehearsal in which this treatment modality was compared against an advice and an interpretation/reflection control group (Lazarus, 1966). Lazarus specifically dealt not with the major problems of subjects in these groups, but with minor problems in which subjects might say--"I just don't know how to handle this; what to say, what to do," and the like. In treating problems like these, Lazarus (1966) reported that 86.5% of patients receiving behavior rehearsal reported improvement

as compared with only 44% of subjects in the advice group, and 32% in the reflection-interpretation group.

What is not made clear with respect to these findings is whether Lazarus made use of graded role-playing, progressive relaxation and other anxiety reducing techniques for the behavior rehearsal group. It is not unreasonable to assume that he did since this is how he had in fact treated behavior rehearsal previously (1965). In addition, the fact that all subjects who participated in this study were private patients of Lazarus, and the fact that Lazarus conducted therapy for all three groups further make the findings of this study questionable.

What is made clear by Lazarus (1966), however, is that at this point his position regarding assertive problems and therapy centered exclusively on a training of skills approach, e.g., "Behavior rehearsal is a specific procedure which aims to replace deficient or inadequate social or interpersonal responses by efficient and effective behavior patterns. The patient achieves this by practicing the desired forms of behavior under the direction and supervision of the therapist (Lazarus, 1966)." The types of social skills one is deficient in are not specified, although Lazarus does emphasize a "forth-right, uninhibited and even aggressive manner (p. 209)." Although Lazarus does not rule out anxiety reduction as a goal in assertiveness training, he no longer attributes to it central status. There appears

therefore to have been a shift from a primarily anxiety-reduction position with regard to assertiveness training to a skill-induction position.

Behavior rehearsal, when used with progressive relaxation and when graded in terms of anxiety (as had been done by Gittelman, 1965, and Lazarus, 1965) came to be called rehearsal desensitization (Piaget and Lazarus, 1969). This is in distinction to the present use of the term behavior rehearsal in which only role-playing takes place, with no special regard for anxiety elements in the process.

Rehearsal desensitization (i.e., not role-playing) has been demonstrated to be just as effective as systematic desensitization (Sanders, 1967; Piaget and Lazarus, 1969). Interesting to note, however, is that rehearsal desensitization is not any more effective than systematic desensitization (Sanders, 1967). An enhancement effect of rehearsal desensitization over systematic desensitization is what one would in fact expect if patients benefited especially from the 'teaching' components involved during the role-playing part of rehearsal desensitization. This, however, does not seem to be the case.

With regard to behavior rehearsal or role-playing, as evidenced by Lazarus' statement above, this appears to have come to be viewed as synonymous with a skill deficit view of assertiveness. For example, Wolpe (1969) in line with this position indicated that for those individuals who have

never had the opportunity of acquiring the necessary habits, direct efforts in assertive training such as behavior rehearsal are in order. Wolpe also added, however, that those individuals having a phobic reaction require systematic desensitization as well. In general, he maintained that "desensitization is a preliminary to assertiveness training (Wolpe, 1973)."

Although Wolpe (1969, 1973) broadened his view regarding the causal nature of assertive difficulties to also include skill deficit along with anxiety as a basis for interpersonal problems, many researchers did not seem to share this view. Many seemed instead to take on Lazarus' (1966) position regarding the importance of 'teaching aspects' in doing assertive training. This appears to be so, in that role-playing was embraced as the primary assertiveness therapy technique (see Figure 1, treatment category). Anxiety considerations were, in the large, excluded from these investigations.

Unfortunately, although employing a skill-deficit view towards assertiveness problems, the nature of the deficit as well as the nature of the skill were poorly articulated. In addition, a skill deficit orientation in assertiveness was not recognized to be independent of Salter-Wolpe views nor of the general view regarding assertiveness. Its' independence and separateness from earlier positions however may have gone unacknowledged because Wolpe (1969) himself broadened his position to include lack of experience as

causal. Another rather demanding reason for lack of acknowledgement, however, is that no specific theoretician was identified as being responsible for this view. The assumption that an orientation shift had in fact occurred with respect to how assertiveness training is viewed seems to explain the presence of statements like the following as well as of the series of studies to be discussed below.

"In contrast to therapies aimed primarily at the elimination of maladaptive behaviors, skill training emphasizes the positive, educational aspects of treatment. It assumes that each individual always does the best he can, given his physical limitations and unique learning history, to respond as effectively as possible in every situation. Thus, when an individual's 'best effort' behavior is judged to be maladaptive, this indicates the presence of a situation-specific skill deficit in that individual's repertoire. Whatever the origins of this deficit (e.g., lack of experience, faulty learning, biological dysfunctions) it often may be overcome with or partially compensated for through appropriate training in more skillful response alternatives (Goldsmith and McFall, 1975, p. 51)."

There exist at least 30 studies dating from 1970 for which this statement seems representative and which could therefore be classified under the heading 'skill-deficit' approach to assertive training (See Figure 1). The studies have in common the fact that anxiety-reduction or inhibition in the treatment mode is either minimized or deleted from the training package, and thus techniques like systematic desensitization, rehearsal desensitization, progressive relaxation, in vivo homework assignments, and the like are generally not programmed into these studies (e.g., in only 2 of the 30 studies reported in Figure 1 are any of these techniques used in treatment).

FIGURE I

SUMMARY OF MAJOR FEATURES IN SKILL-DEFICIT TYPE STUDIES

Study ¹	Assertive- ² ness Defini- tion	Subjects	Skill ³	Treatments Anxiety ⁴	Dependent Measure ⁵ role- anxiety play	Follow-up ⁶ role- In- play vivo
McFall and Marston, 1970	deficiencies in social Behavior	College	x		x x	x x
McFall and Lillesand, 1971	refusal behavior	College	x		x	x x
McFall and Twentyman, 1973	refusal behavior	college	x		x	x x
Note: this was the case for 4 studies reported in McFall and Twentyman, 1973						
Longin and Rooney, 1975	saying no	chronic Hospitalized schizophrenic inpatients	x		x	x
Hedquist and Weinhold, 1970	assertive scale responses	college	x		in-vivo behavior	x

FIGURE I (cont.)

Study	Assertive- ness Defin- ition	Subjects	Treatments		Dependent Measure		Follow-up	
			Skill	Anxiety	role- play	anxiety	role- play	In- vivo
Friedman, 1971	aggression hostile remarks	college	x		x	x		x
Snyder, 1973	refusing, turning down a salesman	college	x		x			
Goldstein, 1973	independence behavior	psychiatric inpatients	x		x			
Eisler et al (1973)	Specific Components e.g. voice volume, compliance	psychiatric inpatients	x		x			
Hersen et al (1973)	"	"	x		x			

FIGURE 1 (cont.)

Study	Assertive- ness Defin- ition	Subjects	Treatments		Dependent Measure		Follow-up	
			Skill	Anxiety	role- play	anxiety	role- play	In- vivo
Eisler et al 1973	Specific components e.g. voice volume compliance	psychiatric inpatients	x				x	
			validation study of components of assertive behavior					
Young et al (1973)	refusal and scale respon- ses	college	x			x		x
Bloomfield (1973)	standing up for rights	psychiatric outpatients	x	x				case study in-vivo behavior
Eisler, et al (1974)	specific behavior components	3 couples	x				x	
Eisler, Hersen and Miller, 1974	"	2 case reports	x				x	

FIGURE 1 (cont.)

Study	Assertive- ness Defini- tion	Subjects	Treatments		Dependent Measure		Follow-up	
			Skill	Anxiety	role- play	anxiety	role- play	In- vivo
Kazdin, 1974	refusal of request	college	x		x	x		x
Galassi et al 1974,1975	S-E scale scores	college	x		x	x		x
Rimm et al 1974	calm and comfortable	volunteers	x		x	x		
Percell, et al 1974	expression of rights	schizophrenic outpatients	x				x and assert	scale
Twentyman and McFall, 1974	shy, non- daters	college	x		x	x	x	x
Field and Test 1975	compliance, response latency, dis- ruptive pauses.	psychiatric inpatients	x		x			x

FIGURE 1 (cont.)

Study	Assertive- ness Defini- tion	Subjects	Treatments		Dependent Measure role- play	Measure anxiety	Follow-up	
			Skill	Anxiety			role- play	In- vivo
Goldsmith and McFall, 1975	Scale responses; comfort and com- petence	psychiatric inpatients	x		x			x
Eisler, et al 1975	Specific behavioral components	psychiatric inpatients	x		x			
Fay et al 1975	"	case study	x		x		x	x
Aiduk and Karoly, 1975	refusing impositions	college	x		x	x		
Gormally, et al, 1975	honest, direct and spontaneous communication	college	x		x			
Nietzel and Bernstein, 1976	self-report	college	x		x			

Legend:

1. Only studies which have no clear Salter, or Wolpe basis have been included. In addition, the few studies in which a comparison of different forms of therapy had been made are also delated here. Such studies include Lawrnece, 1970; Thorpe, 1975; Wolfe and Fodor; 1975; Holmes and Horan, 1976.
2. Definitions of assertiveness were determined as closely as possible in line with the investigator's purpose.
3. Skill treatments include use of role-play, modeling, feedback, coaching, or instructions in the study.
4. Anxiety treatments include use of in-vivo homework assignments, relaxation, desensitization and the like in the study.
5. Dependent measures are divided into 2 categories: role-play ratings are generally made in addition to assertive self-report scales. Anxiety measures often only include self and confederate report, but can include physiological measures as well.
6. Follow-up is also divided into 2 categories: role-play follow-up gneerally represents a repeat of the role-play measure taken during the actual study; occassionally asser-tive scales are also administered. In-vivo follow-up refers to acrual tests of assertive behavior in the subject's real life environment.

Role-playing, in addition, is used both as the major dependent variable in these studies as well as the major treatment or experimental condition. In the spirit of a skill-deficit approach, many of these investigations have also experimented with teaching components like modeling, coaching, feedback, and instructions in addition to the role-play. Of note is that only two studies in this series were found to use specific anxiety-inhibiting components in their treatment condition (Hedquist and Weinhold, 1970; Bloomfield, 1973; both used in vivo homework assignments in treatment). This stands in rather marked contrast to earlier work.

SKILL DEFICIT THEORY OF ASSERTIVENESS: EVALUATION

As noted above, little research exists to verify Salter and Wolpe reports regarding the effectiveness of anxiety to assertiveness. In contrast to the paucity of research found for anxiety-based theories, many studies seem to exist which are theoretically consistent with a skill-deficit approach. Yet a review of this research indicates inconsistent and even contradictory findings with regard to effectiveness. For example, role-playing or behavior rehearsal as a treatment mode when assessed with role-playing and assertiveness scale measures is generally found to be very effective relative to assessment and placebo control groups in increasing assertive responding (e.g., McFall and Marston, 1970; McFall

and Lillesand, 1971; McFall and Twentyman, 1974; Friedman, 1971; Snyder, 1973, Eisler et al, 1974; Aiduck and Karoly, 1975; Galassi et al, 1974; Gormally et al, 1975; Rimm et al, 1974; Twentyman and McFall, 1974; Field and Test, 1975; Goldsmith and McFall, 1975). Exceptions to this seem to be the Longin and Rooney (1975) and Percell et al (1974) studies who found no significant differences between the experimental and control groups with regard to role-play ratings and assertive scale responses.

In the few instances, however, that effectiveness of behavior rehearsal was assessed with in-vivo dependent measures or with in-vivo follow-up measures of assertive behavior, it was generally found that behavior rehearsal was ineffective in establishing any significant changes with regard to actual behavior (e.g., McFall and Marston, 1970; McFall and Lillesand, 1971; McFall and Twentyman, 1974; Longin and Rooney, 1975; Eisler et al, 1974; Kazdin, 1974; Hedquist and Weinhold, 1974; Twentyman and McFall, 1974; Goldsmith and McFall, 1975 and Thorpe, 1975). These studies were all relatively unsuccessful in effecting change with regard to in-vivo measures. Since there appears to be almost no relationship between role-playing assessment and real life changes in behavior, this makes questionable the practice of using role-playing ratings as a valid measure of therapeutic effectiveness.

With respect to the effectiveness of specific teaching com-

ponents in the assertiveness training package, results are also unclear and inconsistent. In general, in vivo follow-up is usually either lacking or negative, and most of the findings are based on role-play and assertive scale dependent measures. For example, with regard to modeling, role-play ratings indicate that some studies find it to be of no importance (e.g., McFall and Lillesand, 1971; McFall and Twentyman, 1974; Fay et al, 1975), while others report positive results (e.g., Friedman, 1971; Snyder, 1973; Goldstein, 1973, Eisler, et al, 1973; Young et al, 1973; Hersen, et al, 1973; and Kazdin, 1974). Relevant to the interpretation of these results is the fact that form and mode of modeling are not kept constant across these studies, i.e., live, audio, or video-taped models were used, as well as covert vs. overt variations. As noted earlier with regard to Rathus' (1972, 1973) findings (i.e., in which video-taped modeling was seen to have an effect on in-vivo interview behavior), modeling may be effective both because of its disinhibition as well as its teaching effects, and therefore results here cannot be interpreted with respect to either view exclusively. The issue of overt vs. covert rehearsal and their associated degrees of effectiveness is also unclear. Thus, the McFall and Lillesand (1971) study supports the notion that covert rehearsal is more effective than overt rehearsal; McFall and Twentyman (1973) note that both procedures are equal in effectiveness; and Longin and Rooney (1975) indicate that overt is superior

to covert rehearsal. All of this is made questionable however by the fact that when follow-up is assessed, it appears that none of the results are maintained (Longin and Rooney, 1975).

The importance of using reinforcement and self-evaluation for assertive responding in addition to role-playing or modeling in assertiveness training presents another area of confusion. Reinforcement and self-evaluation have been found to be ineffective on role-play assessments in studies by Young et al, (1973), and by Aiduck and Karoly (1975), but were found to be effective by Kazdin (1947). That the form of reinforcement either by self or others was not kept constant across these studies may help to explain contradictory results here. No effect was found, however, for in-vivo follow-up (Kazdin, 1974).

The two components of assertiveness training on which research findings are generally consistent include 'feedback' and 'coaching' elements. For example, with regard to feedback, almost all studies investigating this component agree that it has relatively little to offer the training package (e.g., McFall and Marston, 1970; Aiduk and Karoly, 1975; Gormally et al, 1975). On the other hand, coaching and/or focused instructions, which include a rationale for the value and importance of assertiveness training have been found to be one of the most important factors for instigating change (e.g., Goldstein, 1973; McFall and Twentyman,

1973; Eisler et al, 1974; Fay et al, 1975).

Given the emphasis on behavior rehearsal in the pre-treatment, treatment, and post-treatment conditions, given the general lack of in-vivo dependent measures of assertiveness (e.g., these exist for only 2 of the 30 studies reported) and given the very poor results with regard to generalization of behavior rehearsal effects to in-vivo follow-up measures, perhaps the most parsimonious explanation with regard to this work is that it is attempting to assess the best way to teach behavior rehearsal. Ideally, the dependent measure should assess assertive behavior independently of what goes on in the treatment conditions. Yet in the above studies, not only is behavior rehearsal used to train assertiveness, it is also used to assess assertiveness.

Also problematic is that the effect of practice in role-playing is not generally controlled for in these studies. However, in the one study which did control for this, it was found that a post-testing only group, in which role-playing was used, reported significantly more anxiety than was reported for a control group getting both pre and post-testing with role-playing. Just experiencing the role-play itself during a pre-test apparently had an anxiety reducing effect (Galassi et al, 1974).

In addition, it is not clear whether practice in role-playing of any type, as compared to role-play of specific content is the effective factor. Effects of massive

'irrelevant context' in role-playing, for example, have not been investigated.

A general problem for a skill-deficit position is the lack of clarity regarding the distinction between acquisition and performance deficits in assertiveness. There is agreement, however, that whatever deficits do exist can be corrected for by appropriate training. The major emphasis on how to teach has left us with little work in the area regarding what to teach. Thus, what is meant by the "skill" of assertiveness varies amongst researchers. Definitions of assertiveness range from aggression to comfort (See Figure 1), can be specific or global, can include verbal content or response style or both, and can be determined by ratings on role-playing and/or scores on a variety of assertion inventories. Agreement regarding specific definitions, measuring instruments, dependent measures, screening devices, and importance of style is not characteristic.

Other general theoretical problems for the skill-deficit area include the fact that definitions are very often based only on clinical intuition (however, Eisler et al, 1973, 1974; Goldsmith and McFall, 1975; and Twentyman and McFall, 1974, have all attempted to overcome this problem); the fact that many assertiveness inventories have been developed and used, many of doubtful reliability and validity (e.g., scales in use include Guilford-Zimmerman Temperament Survey, 1958; Bates and Zimmerman, 1971; Galassi et al, 1974;

Gallassi and Galassi, 1974; Gambrill and Richey, 1975; Gay et al, 1975; Jakubowski and Lacks, 1975; Rathus, 1973; Wolpe and Lazarus, 1966); and the fact that there is frequent reliance on inappropriate subject populations (e.g., Gambrill and Richey, (1975) findings question the legitimacy of college students as subjects in studies of assertiveness; Serber and Nelson, 1971, and Weinman et al, 1972 note the inappropriateness of using psychiatric inpatients in such studies).

A central problem for the skill-deficit position is that lack of assertiveness has not been causally related to lack of skillfulness. Yet though not demonstrated, the relationship between lack of assertiveness and skill deficit (i.e., in terms of acquisition) has been assumed.

In addition to these general problems exist the issue of potential therapist imposition of values. That is, in giving assertive problems a skill-deficit orientation, assertive and unassertive responding assume the potentiality of getting recast into a right-wrong responding paradigm.

It is not unlikely that therapists or experimenters who find it necessary to determine what the assertive response consists of will find themselves at risk in imposing their values on patients and subjects with regard to what the 'correct' behavior is. In addition, patients who perceive a right-wrong dichotomy with regard to assertive behavior may become anxious about not behaving 'correctly.' This

may in turn lead to increased therapist dependency, i.e., patients may be reluctant to behave without proper cueing from their therapist (e.g., Stevenson, 1959). In this respect, behaving assertively can become one more 'should' that a patient tells himself and ultimately becomes disturbed about (Ellis, 1962).

ANXIETY VS. SKILL POSITION: EVIDENCE

With regard to definition, mode of treatment, dependent measures, basis of performance deficit, and role-playing vs. in-vivo emphasis, there appears to be two rather different, but not necessarily unrelated approaches to the field of assertiveness. What started as an heuristic distinction between anxiety and skill seems to be validated by the literature in which one finds that anxiety approaches largely emphasizing disinhibition of fears preceded skill approaches largely emphasizing the training of skill.

Whether the skills approach is replacing or subsuming the anxiety approach is not clear; different theoreticians put forth different views. Thus, Friedman (1971) was unconcerned with the causal role anxiety might play in assertiveness; Twentyman and McFall (1974) were concerned with replacing the traditional anxiety approach to non-dating problems with a skills approach; Thorpe (1975), Wolfe and Fodor (1975) and Holmes and Horan (1976) were concerned with how anxiety-based procedures relate to skill based therapy; Orenstein (1975) was concerned with the inclusion

of anxiety based approaches into skill training assertiveness therapy, and Goldsmith and McFall (1975) were concerned with improving only the skill-training approach. Remaining researchers make less explicit their views regarding the relative importance of anxiety and skill in assertive behavior, however, a review of Figure 1 will make evident that only a minority of researchers include anxiety as a measure. What does seem rather clear, however, is the fact that discrepancies with regard to definition, treatment mode and evaluation of treatment mode in the field of assertiveness training become more understandable when one assumes a shift in perspective from an anxiety based to a skill based emphasis.

With regard to research findings in each of these two areas, it seems that neither the results of anxiety-oriented research nor the results of skill oriented research in assertiveness provide us with very demanding evidence of the effectiveness in inducing behavior change. However, there appears to be some indication in the literature, when taken as a whole, that individuals in assertiveness training programs are more likely to be benefiting from the disinhibition aspects of treatments (i.e., performance deficits are dealt with via anxiety reduction techniques) than from the teaching or adaptive response shaping aspects of treatment (i.e., performance deficits are dealt with via skill induction training procedures). Evidence for this view is suggested by the following findings:

1. Wolpe's (1958) general clinical success with regard to interpersonal problems and anxieties results primarily from anxiety reducing procedures like systematic desensitization. In addition, studies using systematic desensitization alone have been successful in dealing with interpersonal problems and anxieties therefrom (e.g., Nawas, 1974; Curron, 1974;).
2. Studies in which role-playing techniques were compared against non-skill inducing techniques like systematic desensitization, anger, induction and cognitive restructuring therapy, have generally not found behavior rehearsal to be significantly more effective than these other treatments (e.g., Curron, Thorpe, 1975; Holmes and Horan, 1976). Since no skills are taught in these other procedures, it is interesting that they were just as effective as the role-playing package. The importance of 'teaching' elements in the production of assertive behavior is questioned further by the finding that an advice only group, in which subjects were presumably exposed to new information, was found to be relatively ineffective in effecting improvement (Lazarus, 1966).
3. Several researchers using a skill-training approach in their studies have noted that many of their subjects appeared to have assertive responses in their repertoires, but now, after role-playing, seem to be more comfortable in using them (e.g., Friedman, 1971; McFall and Lillesand, 1971). In addition, in several instances,

subjects were found to vary their skill with variation in instructions or situations. Schwartz and Gottman (1971) for example found that high and low assertive subjects had comparable levels of skill in their repertoire but differed with respect to degree of negative and positive self-statements; Eisler et al (1974) found that subjects' level of assertiveness could be varied by manipulating sex and familiarity of the person with whom they were being assertive, and Nietzel and Bernstein (1976) found that level of assertiveness could be increased merely by changing instructions from a low demand to a high demand for assertiveness.

4. A review of studies in assertiveness suggests that many subjects benefited from the legitimization and disinhibition effects of training, (e.g., Sansbury, 1974, Stevenson, 1959) the success of instructions, coaching, and exhortation by the therapist may further suggest effectiveness of legitimization (i.e., McFall and Lillesand, 1971; McFall and Twentyman, 1974; Friedman, 1971; Goldstein, 1973, Snyder, 1973). Moreover, the fact that reading a scrip having assertive content was found to be just as effective as role-playing (i.e., Friedman, 1971; Snyder, 1973) makes questionable the importance of the role play itself. The fact that improvised role-playing (in which subjects supply their own content) is just as effective as directed role-playing (in which the content is supplied) e.g., Friedman,

1971, makes questionable the importance of content; and the fact that instructions regarding the importance of being assertive are just as effective as when assertive responses are provided by way of modeling (Goldstein, 1973) all suggest that role-play and content may be less important than coaching, exhortation and perhaps legitimization of assertive behavior.

5. Role-playing itself may be effective because it reduces anxiety and not because it teaches anything new. Studies finding an anxiety effect for behavior rehearsal packages include McFall and Marston, 1970; Galassi et al, 1974; Rimm et al, 1974; and Twentyman and McFall, 1974. Studies not finding an anxiety effect include Friedman, 1971; Aiduk and Karoly, 1975, Youn et al (1973), Percell, 1974; and Thorpe, 1975. Role-playing may successfully extinguish or reduce fears evoked by a given interaction since role-playing itself is a repetitive and flooding-type procedure. Since maintenance of many phobias is largely due to avoidance of the feared situation (Eysenck, 1964), role-playing, in forcing a behavioral confrontation of the feared and avoided social situations may be capable of reducing the social phobia. Another possibility, as noted above, is that coaching and exhortation, which generally attend behavior rehearsal, may be effectively legitimizing one to the idea of behaving assertively.
6. Correlational studies of anxiety and assertiveness seems to indicate significant relationships between these two

variables, however, correlations have ranged from as low as .23 to as high as .75 (Morgan, 1974, Orenstein, 1975).

7. Recently, Holmes and Horan (1976) have noted that the use of anger induction to reduce anxiety as contrasted with behavior rehearsal in the treatment of assertive problems was found to be significantly more effective on an in-vivo follow-up measure than the behavior rehearsal group. This constitutes one of the few instances in which assertive behavior outside of the lab was effected by a training package. It is important to note that the effect occurred for the anxiety based procedure alone.
8. In attempting to specify better the components of assertive behavior, a few researchers have experimented with specific behaviors which presumably comprise assertiveness (e.g., Eisler studies). Several experimenters have discussed the importance of 'style' rather than content in assertive responding (i.e., Serber, 1971); others have programmed these 'paralinguistic cues' into their training packages (e.g., Wolfe and Fodor, 1975). These components have been conceptualized as skill deficits and have been treated as trainable. Of interest is that many of these cues, e.g. eye contact, standing straight, voice volume, and the like, have traditionally been used as indices of anxiety (e.g., Mahl, 1958; Paul, 1966). That the specific components of assertive behav-

ior have been traditionally used to measure anxiety may signify the importance of anxiety for assertive behavior.

Taken as a whole, it seems rather clear that with regard to assertiveness, two rather distinct views prevail, each leading to very different definitions, conceptualizations, treatment packages and evaluation of treatment packages of assertiveness. Although this distinction was attempted initially as a heuristic to help explain the diversity in the area, discrepancies which are found between studies in this field appear to have borne out the view that two rather different emphasis do, in fact, exist. With regard to this distinction, it has been suggested that although little evidence is available to fully support either position, there does exist a body of suggestive evidence which indicates the greater efficacy of an anxiety-oriented view towards the treatment of assertiveness. In either case, drawing a theoretical distinction between an anxiety and skill approach to assertive training may be useful.

There appears to be a need to disentangle and tease apart the differential effects of the skill-training and anxiety-reducing aspects of assertiveness training, to independently determine which, if either of these two factors are causally related to assertive problems, to determine if and how skill and anxiety interrelate to produce assertive behavior, and perhaps most important, to determine the relative therapeutic efficacy of treatment packages emphasizing skill-training,

anxiety-reduction or both in the treatment package.

The present investigation, while a move in this direction, is not quite that ambitious. Its purpose primarily is to explore, on a limited basis, the relative importance of the causal aspects of skill and anxiety for assertive responding, and additionally, to explore observer attributions of assertiveness on the basis of anxious style cues as compared with verbal assertive skill cues.

METHODOLOGY

METHODOLOGICAL RATIONALE

The present investigation, in attempting to disentangle the skill and anxiety components in assertive responding, necessarily requires specification of each of these components. Unfortunately, however, as indicated earlier, assertive training research has been notably lacking in this regard.

For example, inspection of the skill-deficit literature indicates that the assertive response/skill has typically been assessed by observer ratings of a specific 'predetermined' response emitted by a subject (e.g., refusing a salesman, Snyder, 1973; requesting someone to stop interrupting, Friedman, 1971; refusing a solicitor, McFall and Lillesand, 1971) to a specific stimulus situation (e.g., being asked to help stuff envelopes as a volunteer, McFall and Lillesand, 1971; being interrupted while putting a puzzle together, Friedman, 1971; being asked to work overtime, McFall and Marston, 1970).

Evaluation of assertive responses has generally been determined both on the basis of specific statement criteria (i.e., a specifically worded statement, predetermined by the Experimenter), as well as on the basis of global class criteria (i.e., the occurrence or nonoccurrence of a global response--e.g., subject either refuses or does not refuse a request). Additionally, responses have been evaluated both on the basis of extended interaction (i.e., extended role-play) as well as on the basis of single responses or reac-

tions to a given role-play situation.

Assessment of anxiety has been made largely on the basis of self and confederate reports, and on the basis of scale responses. Very few studies have made use of physiological indicators (i.e., McFall and Marston, 1970; Twentyman and McFall, 1974; and Thorpe, 1975), probably since the majority of those who did failed to get anxiety effects with these measures (i.e., Twentyman and McFall, 1974, and Thorpe, 1975).

To reduce this complexity somewhat, the present investigation will limit the assessment of skill to a single rather than to an extended interaction, and will measure it in terms of dichotomous criteria (i.e., the occurrence or nonoccurrence of a response class) rather than in terms of scalar criteria (i.e., extent which subjects' response matches predetermined assertive response).

Furthermore, due to the as yet unclear relationship between pattern of physiological responding to anxiety and assertiveness, assessment of anxiety in this investigation as in previous investigations will be based on global self and confederate ratings. The specific manner in which anxiety is defined when actors are asked to behave 'anxiously' will be elaborated upon further in relation to Study II in which acting anxious is a variable under investigation.

With regard to the selection of stimulus situations for role-play, common to much but not all research in the field is

the fact that some type of imposition is described which the subject is asked to respond to (e.g., laundry is lost; steak is too rare or burnt; class notes are borrowed but not returned on time; being interrupted; and the like, cf. McFall studies). In line with this format, stimulus situations used in the present investigation will be limited to those which are impositional in nature. A more clear-cut definition of these situations and of assertive behavior/skill as used here is offered below.

Generally, then, the present investigation will be concerned with that aspect of assertiveness which deals with impositional situations. As characteristic of much of the research in the field emitting the response which deals with the imposition will be taken as indicative of assertive skill.

Definition of Assertiveness:

Premises:

Interactions calling for assertive responses require the perceived usurpation/imposition or perceived threat of usurpation/imposition of one's rights, by real or symbolic others.

Whether or not a situation calls for an assertive response depends on whether one has perceived a threat of imposition or usurpation.

Usurpation/imposition of one's rights ("rights" are to be determined via consensual validity) is to be differentiated

from usurpation/imposition of one's desires. Thus, usurpation of desires which are not within one's rights does not call for an assertive interaction.

Most interactions calling for assertiveness require the presence of other people who initiate or threaten to initiate imposition. Quite often, however, the symbolic presence of others can cause one to perceive a threat of imposition, and thus set the stage for an assertive interaction with oneself.

Derivations:

Assertiveness = the attempt to deflect or resist the perceived imposition or usurpation. It should be noted that whether the attempt is direct or not refers to qualities of the assertive response. Any response classifiable as resisting or deflective would qualify as being assertive.

Unassertiveness = nondeflection of the perceived threat to or usurpation/imposition of one's rights.

Nonassertiveness = behavior in a situation which is not perceived as a threat to or usurpation of one's rights, i.e., a neutral situation.

It should be made clear that outcome effectiveness or successfulness of one's assertive attempt is not considered an issue in determining whether or not the behavior is assertive. Outcome is mediated by many factors other than assertive

responding, and therefore cannot legitimately be used as a measure of assertiveness.

RESEARCH OVERVIEW

To determine the differential importance of skill and anxiety components in assertive responding, the following three studies were conducted. Study I concerned itself with a consensual validation of the definitional aspects of assertiveness, as presented above. In addition, self-report data regarding extent of assertiveness to a few hypothetical imposition situations were also collected. These were examined in terms of the relative degree of self-reported anxiety the situations occasioned versus social skill level reported (i.e., as indicated by the subject's statement of what he/she would do to resist the imposition).

Study II was primarily concerned with observer attributions of assertiveness for actors displaying either assertive content or unassertive content while behaving either anxiously or nonanxiously. In the light of past research in assertiveness, it was hypothesized that observers would take anxiety cues as evidence of unassertive behavior, and that in general, the verbal content or skill aspect of assertive responding would be less important for assertive ratings than would be the anxiety-stylistic aspect of assertiveness.

The third study was an attempt to ascertain the causal relationship between the level of anxiety experienced and the consequent level of assertive response/skill. This was done by manipulating subjects' level of anxiety as they were imposed upon in some of the ways identified in Study I. It

was hypothesized that if the skill component were the most relevant factor in assertive responding (i.e., responding is based mainly on having the skill), assertiveness level, as indicated by resisting the imposition, would remain the same, regardless of anxiety condition. If, however, assertive responding is influenced by different levels of social anxiety, it would appear that anxiety is a relevant variable in the performance of assertive behavior. This type of finding would further imply that assertive difficulties may be more clearly linked to the existence of trauma in situations which occasion skill-inhibiting anxiety rather than be linked to only a skill deficit.

STUDY I

Method:

Subjects:

A total of 96 male and female undergraduate college students participated in this study. Students were sampled from the campuses of Hunter and Queens colleges as well as of Columbia University. Students were approached both individually and at classes. Sixty-five (32 male, 33 female) received the subjective form of the major questionnaire (to be described below), while 31 subjects (15 male, 16 female) received the objective form.

Questionnaires:

1. The Social Interactive Miniscale (SIM), Forms A and B (see Appendix A):

This scale, specifically designed for this study, consisted of a description of five situations in which imposition of one's rights is presumed to occur. In form A, (subjective form), subjects were asked to report on how they would feel in these situations and in what ways they might behave. Additionally, form A was so designed that information regarding self-reported feelings about reasons for not behaving in the most desired way

was obtainable. In form B, (the objective form) the situation descriptions and the questions were objectified, i.e., the reader was asked to objectively evaluate the situation in terms of imposition, and assertiveness, and not what he/she would do in the situation. These data establish consensual validity regarding what constitutes an assertive and unassertive response in the situation presented.

2. Attached only to the subjective form of the above questionnaire was a copy of the Rathus Assertiveness Schedule (RAS), 1973 (see Appendix B):

This is a 30 item scale constructed to measure assertiveness.

Items were primarily derived from the Wolpe (1969, 1966), Guilford-Zimmerman (1956) and Allport (1928) scales. The scale has been shown to have test-retest reliability of .78 ($p < .01$) and split-half reliability of .77 ($p < .01$). Validity (based on a school population) with regard to how respondents are perceived by others ($.33 \leq r$'s $\leq .62$; p 's $< .01$) and with regard to self-report in specific situations ($r = .70$, $p < .01$) is fair. An item analysis indicates that 27 of the 30 items correlated significantly with the total scale score and that 19 of the 30 items correlated significantly with external criteria.

Procedure:

Students at the three different campuses were approached either individually or during classes and asked to participate in a study on attitudes. The subjective and objective forms of the SIM were randomly distributed with the qualification that an equal number of males and females be sampled in each group.

Results and Discussion:

Validation of whether the five situations used in each of the two SIM forms constituted impositions was based on a one sample χ^2 analysis of responses to each situation per form. Table 1 presents these data. Part A deals with subjective report data, while part B deals with objective report data. It should be noted here that two of the situations used in the forms were intended as filler items. Situation B (being expected to work more hours than contracted for) was to be a mild form of imposition, while situation C (waiting for food when told there would be a wait) was to constitute a neutral, or nonassertive situation.

TABLE 1

	Situation	Imposition Ratings	Non-imposition Ratings	χ^2
Part A (Subjective) n=65	A	63	2	57.24**
	B	42	23	5.55*
	C	22	40	5.22*
	D	34	28	.58
	E	54	10	30.25**
Part B (Objective) n=31	A	31	0	31**
	B	25	4	15.20**
	C	18	13	.80
	D	24	7	9.32**
	E	23	8	4.40*

* = significant at the .05 level

** = significant at the .001 level

Sit. A = being interrupted during a speed test
of intelligence

Sit. B = being told to work for more hours than
contracted for

Sit. C = waiting for food when told there would
be a wait

Sit. D = pen borrowed but not returned

Sit. E = being stared at in an elevator

As can be seen from Table 1, in both the subjective and objective conditions, the neutral situation, waiting for food (Sit. C) was not perceived to constitute an imposition.

Working for more hours than contracted, (Situation B), the other filler item, was intended to be a mild imposition situation. However, for both samples, 'overwork,' was significantly more likely to be rated as imposing than not. Apparently, even mild situations of impositions are readily detected.

The Interruption (A), Pen (D), and Staring (E) situations constituted the primary imposition situations for the study. These were all significantly more likely than not to be rated as impositions by the objective sample. Subjective sample results were similar for the Interruption (A) and Staring (E) situations, however, the Pen situation (D) was just as likely to be rated an imposition as not by this sample.

Subjective sample data did not include questions on whether the five situations presented called for assertive responses. This was so that subjective raters in these situations would not be biased by considerations of assertiveness for their reported behavior. Thus, determination and validation of whether the five situations presented called for assertive responses, and what was considered to be the form and nature of these responses was based exclusively on responses by the objective sample.

Data resulting from the question -- does this situation call for an assertive response? -- collected from the objective sample, are presented in Table 2 below. Analysis involved one sample χ^2 tests per situation.

TABLE 2

Situation	Assertive response is called for	No assertive response is called for	χ^2
A	26	5	14.20**
B	23	8	7.25*
C	7	23	8.53*
D	29	2	23.50**
E	26	4	14.20**

* = significant at the .01 level

** = significant at the .001 level

Most interesting about these data is that for all cases where imposition was perceived, i.e., Interruption (A), Overwork (B), Pen (D), and Staring (E) situations (see Table 1, part B), assertive responses were significantly more likely to be considered called for than not. However, the waiting for food situation (C), the only situation that was not significantly likely to be seen as being an imposition, was the only situation which was significantly rated as not calling for an assertive response. This finding seems to validate the notion that situations calling for assertive interactions include these in which an imposition has been perceived.

Objective ratings were also used to determine the nature of both an assertive and unassertive response to these situations. These were for use as criteria measures of assertiveness in the remaining two studies. Data regarding most and least assertive response endorsements are presented in Table 3 (see next page).

TABLE 3

Part A

Objective ratings of most and least assertive response endorsements

Situ- ation	Items significantly endorsed as most assertive	x^2
A	Point out that remarks are dis- ruptive	69.3**
B	Discuss the misunderstanding	88.8**
C	An assertive response is not called for	48.4**
D	Remind administrator about the pen	133.4**
E	Ask the person why he is staring/ ignore him	14.0*

Part B

Situ- ation	Items most often endorsed as least assertive
A	Ignore the psychologist
B	Not say anything
C	Thank the clerk and pay the bill
D	Not mention the pen
E	Ignore the person

* - significant at .05 level, df- 4

** - significant at .001 level, df-4

note: x^2 analyses were not carried out for part B data,
nor for the data reported in Table 4 (see next page).

This was due to the fact that subjects often selected

more than one response alternative per situation. The resulting inflated N prohibited χ^2 analyses.

For additional information, objective raters were also asked to choose the responses they perceived as being the most mature response to these situations. The following data were collected:

TABLE 4

Objective ratings concerning most mature
response choice per situation

Situation	Item most often endorsed as most mature
A	Point out that remarks are disruptive
B	Discuss misunderstanding
C	Thank the clerk and pay the bill
D	Not mention the pen; forget the pen
E	Ignore the person

For the interruption (A), overwork (B) and pen (D) situations, it is apparent that the most and least assertive response choices are mirror images of each other. Of note, however, is the fact that there is not a point to point relationship between assertive choices and mature choices, e.g., for the pen situation (D) the response of 'not mentioning the pen,' though considered least assertive, was also rated to be the most mature response choice. The staring situation (E) seems also to demonstrate a similar pattern -- ignoring the person staring was considered both least assertive as well as most mature.

In general, the data seem to suggest that "mature" responses are not necessarily assertive responses nor are assertive responses necessarily mature. This presents important implications for the rather prevalent belief that assertive behavior is more correct or appropriate than is unassertive behavior.

The remainder of this discussion will deal with subjective form data. In view of the fact that the remaining studies, were to deal with impositions, there was a strong possibility of there being sex differences both at the experimenter and subject levels. This was explored in the following manner:

Half of the subjective forms described situations in which a female person was doing the imposing, i.e., she was the experimenter interrupting; she borrowed the pen; she stared,

etc. The other half of the subjective forms described the same situations, but had a male doing the imposing. Forms in which the imposer was a female will be called "her" forms; forms in which the imposer was a male will be called "his" forms. In addition, male and female subjects were exposed to both the his and her forms. The resulting sample then constituted 4 independent groups. These are indicated in Table 5 below:

TABLE 5

Subjective Form Distribution

	HIS FORM	HER FORM
Male subjects	n=15	n=17
Female subjects	n=15	n=18

To determine whether there were subject and/or form sex differences with regard to perceiving imposition in the five situations described in the questionnaires, a series of Fisher Exact Probability tests were carried out on the data.

Interestingly, results of this analysis indicated that in no instance (neither for the male or female subjects) were there significant differences between the his and the her forms with regard to imposition ratings. Thus, for female subjects, being imposed upon by a male or a female did not

result in any significant differences in perceiving imposition, at least for questionnaire ratings. This was also the case for males. Imposition by a male or female did not result in significant differences in perceiving imposition. Comparisons were also made between male and female subject ratings of imposition within the his form and within the her form. In neither instance were there significant male/female differences. Thus, whether a male or female in being imposed upon by a male will not result in significant differences in perceiving imposition. Similarly, whether a male or female is being imposed upon by a female will not result in significant male/female subject differences in the perception of imposition, at least for questionnaire ratings.

One final comparison in this area was between: 1. Male subjects' responses to Her forms against Female subjects' responses to His forms; and 2. Male subject responses to His forms against Female Subject responses to Her forms. On the basis of Fisher Exact Probability tests, of each of these two comparisons for the five situations in question, the following results were found: Only for situation E (being stared at), female subjects, when being stared at by males, rated this as significantly more of an imposition than did male subjects when being stared at by females. It can be concluded that self-reported perceptions of imposition, at least in the majority of cases sampled here, is not mediated by any sex role differences.

Subjective form questionnaires also provided the opportunity to acquire preliminary information regarding the relative importance of self-reported skill vs. anxiety components for performance in assertive interactions. To determine this, subjects were asked to note which one of a group of items given represented the most preferred choice of behavior to the situations presented (see Form A). Subjects were also asked to determine which response was most probable for them, i.e., which they would be most likely to perform. When the response choice which was most preferred did not match the response choice most likely to be performed, subject's were asked to give information concerning the why's of this discrepancy. Question 5 for each situation of the subjective form supplies four concrete possible reasons for the discrepancy: two of these are skill related, two of these are anxiety related. The fifth choice is an open category. Subject's were asked to choose the reason that best explained the discrepancy. If there was more than one reason, they were asked to number their choices.

A series of χ^2 tests were conducted to determine whether those discrepancies that had occurred were perceived to be due to anxiety reasons or to skill reasons. Table 6 summarizes these findings.

TABLE 6

Attributions of anxiety or skill reason
for discrepancies per situation

Situ- ation	# endorsing skill	# endorsing anxiety	# of total discrepancies	χ^2
A	2	26	28	10.88**
B	3	8	11	2.27
C	5	6	11	.09
D	0	10	10	10.00*
E	4	30	34	19.88**

* = sig. at .01; ** = sig. at .001

As can be seen, for the Interruption (A), Pen (D) and Staring (E) situations, anxiety was significantly more likely to be endorsed as the reason for discrepancies than was skill. For the Overwork (B) and Food (C) situations, the two filler situations, there were no significant differences in the likelihood of endorsing either skill or anxiety reasons for the discrepancy.

It is interesting, however, that the endorsements for situation B were in the direction hypothesized for an imposition situation--almost three times as many reasons for discrepancies were attributed to anxiety as were to skill. These differences approached significance (i.e., .05 p .10). It will be remembered that situation B, Overwork, although

a filler item, was rated significantly more likely to be perceived as an imposition as not. This may explain the present pattern of results.

Results of the three imposition situations, to the extent that they generalize to other imposition situations, are taken as preliminary confirmation of the hypothesis that behavior discrepant with one's desires in these types of assertive interactions is likely to be due to anxiety reasons. Analysis of study three data, in which anxiety has been experimentally manipulated, will allow for a more conclusive statement regarding this issue.

With regard to the frequency of discrepancies reported, sex differences and his/her form differences were also investigated. It was found that for all the situations, there were no male/female subject differences with regard to the number of discrepancies reported. Within the his and her forms, respectively, there were no significant male/female subject differences for situations B-E regarding the number of discrepancies reported. It was found, however, that for the Interruption situation (A) alone, significantly more discrepancies were reported for the his form than for the her form ($\chi^2 = 5.28$ $p < .05$). Thus, subjects, whether male or female, being imposed upon by a male imposer in the interruption situation (A) were more likely to report discrepancies than when the imposer in this situation was female.

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Subsequent to filling out the social interaction mini-scale, subjects using subjective form questionnaires also completed

Subsequent to filling out the social interaction mini-scale, subjects using subjective form questionnaires also completed the RAS. Subject's, on the basis of these scores, were grouped into high (n=21), moderate (n=21) and low assertive subjects (n=21). (Note: two subjects failed to fill out this form completely due to time problems so their data had to be deleted).

High assertive scores ranged from +18 to +56; moderate assertive scores ranged from -1 to +15; and low assertive scores ranged from -2 to -53. The maximum and minimum scores for the RAS are +90 and -90 respectively. Differences between these groups were explored using various criteria. For example, no significant differences were found when these three assertive groups were compared in their ratings of impositions. Thus, perceptions of how imposing a given situation is was not found to be related to one's assertiveness score.

However, comparing these groups with regard to the frequency of discrepancies reported, it was found that for the Interruption (A) and Staring (E) situations high assertive scorers were significantly less likely to report discrepancies than were moderate and low assertive scorers (i.e., situation A: $x^2 = 10.5$, $df = 2$, $p < .01$; situation E: $x^2 = 6.67$, $df=2$, $p < .05$). That is, while the three groups perceived the situations equally, they respond to them differently. This was not the case for the Overwork (B), Food (C) and Pen (D)

situations. It appears then that for extreme imposition situations, like interruption and staring, high assertive scorers will be significantly less likely to anticipate discrepancies than will moderate and low assertive scorers. For mild or no imposition situations, this was not the case. It is noteworthy, however, that in neither case (mild or extreme impositions) were significant differences found between the moderate and low scoring assertive groups. In comparing the relative extent of anxiety vs. skill endorsements for those subjects reporting discrepancies in the three assertive groups, no significant differences between high, moderate and low scorers were found. Apparently, when high, moderate and low assertive scorers are asked to explain why they wouldn't behave as they most want to, all three groups endorse anxiety rather than skill as the reason for the reported discrepancy. One difficulty however in interpreting results based on the Rathus inventory is the fact that social desirability may not necessarily be controlled for.

This study established consensual validity for the notion that positional situations call for assertive responding, and that assertive responding here constitutes behavior which in some way resists the imposition, e.g., see Table 3 in which responses endorsed as most assertive all resist the imposition, while responses endorsed as least assertive do not.

Aside from providing validation data to be used for further research, the present study was important in establishing that individuals exposed to an imposition situation will quite often not act in ways they consider most desirable. That these individuals attributed anxiety as being the primary cause for these "behavioral discrepancies" has implications for both the study and treatment of assertiveness.

The present findings, being based solely on self-report measures, have no established external validity. That is, it has not yet been demonstrated that these findings could be evident in actual behavioral settings. Study 3, as noted earlier, was specifically designed to test this issue. Before reviewing these data, though, discussion will first be centered on Study 2, in which observer ratings of actors were analyzed within both the anxiety and skill dimensions.

STUDY II

Study II was conducted in order to determine the differential importance of anxiety and skill components of behavior for observer attributions of assertiveness.

This was attempted primarily because assertiveness is generally researched from the focal point of the actor, i.e., how does he/she behave; what is the unassertive person's problem; what should that person say or do to increase level of assertiveness, etc. In doing such research, it is quite often necessary to make use of observer ratings regarding the behavior (i.e., confederate report, therapist judgement and the like). Whether or not observer-raters are sophisticated (i.e., therapists; trained observers) or naive (i.e., untrained lay judges) it is not clear what factors mediate these judgements.

Since both skill and anxiety may be part of assertive behavior, and not only causal factors, observer ratings may be differentially effected by these components. For example, if an actor's anxiety cues alone were to trigger low assertive ratings by judges, then what is apparently being judged is the extent of anxiety and not necessarily the extent of skill in assertiveness.

Uncovering biases regarding judgements of this type would have important implications for both research and therapy. Since much research in this area depends on observer ratings of

assertiveness, validity of skill deficit assumptions would be brought into question if it were found that observer ratings were mediated by cues other than what is traditionally thought of as assertive behavior. Likewise, if therapists made decisions regarding the necessity of assertiveness training on the basis of cues other than unassertive skill behavior, treatment would not only be inappropriate, it might be ineffective as well.

Research investigating observer ratings of assertiveness and specifically, manipulating different factors and analyzing resulting ratings, is lacking in this field. Despite an almost total reliance on such judgments in clinical settings, no research exploring observer biases has been attempted. Study 2 was conducted with a view towards exploring the function anxiety and skill factors had for ratings of assertiveness.

Skill and anxiety were varied in the following four ways: Assertive content, anxiously acted; assertive content non-anxiously acted; and unassertive content, non-anxiously acted. In line with earlier theorizing i.e., apparent greater importance of anxiety, it was hypothesized that observers would tend to make assertive ratings dependent on the anxiety style dimension rather than on the assertive content dimension. That is, it was expected that if anxiety as opposed to skill was primary in influencing ratings of assertiveness might be primarily based on how anxiously the

actor was perceived to be, regardless of assertive content.

Method:

Subjects:

80 male and female subjects were recruited from Hunter college, New York to participate in the study. These subjects were divided into four groups of twenty subjects each; each group was exposed to three different scenes viewed on videotape.

Apparatus:

12 videotaped scenes portraying a variety of responses to three assertive interaction situations (chosen from the first study) were prepared. In order to rule out any actor related biases in observer ratings, each videotaped scene was acted out by two different actors (male and female). This resulted in two identical sets of twelve videotaped scenes, each set played by different actors.

Videotape Preparation:

Actors were videotaped while enacting a variety of prepared responses to each of the following three assertive interaction situations:

Situation A: Interruption during test taking.

Situation B: Pen being borrowed but not returned

Situation C: Confusion over work situation

For each situation, actors were told to make one of four standard responses varied along the anxiety and skill dimensions, as indicated in Table 7:

TABLE 7

	ANXIETY	NO ANXIETY
ASSERTIVE CONTENT	1	2
UNASSERTIVE CONTENT	3	4

Note: numbers in the cells refer to experimental conditions and will be used throughout the discussion.

Because each of the three situations was acted out with four different standard reactions, as labeled in Table 7, twelve videotape conditions resulted.

Determination of Anxiety and Skill Content for Actors:

As noted earlier, skill and anxiety components in assertive responding have not clearly been delineated in the field. The closest delineation of these factors appears to be with regard to 'style' versus 'content' (e.g., Serber, 1972; Eisler studies). The work involving paralinguistic cues in assertiveness especially makes evident the relationship between the 'style' aspects of responding and some of the behavioral counter-parts of anxiety.

Although it might be argued that the 'style' component of assertiveness constitutes part of the skill in assertive responding, because a great deal of the 'style' component of assertiveness training has also traditionally been used as an index of anxiety (i.e., eye contact, voice volume, tremulousness, standing straight, speech hesitancy, Mahl, 1958; Paul, 1966), the present investigation will seek to separate out the skill and anxiety aspects of assertive responding by way of separating out style from content.

Study I was helpful in determining content of assertive responses to a variety of situations. Three of these situations are used in this study. Three of these situations are used in this study. Style aspects were manipulated by advising actors to act as though very anxious and thus, anxiety cues like averting eye gaze, hunching shoulders, cowering, speaking hesitantly, quietly and for short durations (e.g., Eisler et al, 1973; Paul, 1966; Mahl, 1958) and the like were emphasized. Non-anxious responding consisted of direct gaze behavior, standing or sitting straight, direct speech at full volume, no hesitancy and no cowering.

ACTORS:

As noted earlier, in order to avoid the possible confounding and bias that might result in using only one actor, two sets of twelve video tapes each were prepared, using different sets of actors. A total of four actors (played by two male and 2 female psychology graduate students) were

used.

Actor 1: was instructed to play all situations with high anxiety, but varied level of assertive content (see conditions 1 and 3, Table 7).

Actor 2: was instructed to play all situations with low anxiety and confidence, but varied level of assertive content (see conditions 2 and 4, Table 7).

Actor 3: was instructed to play all situations with assertive content, but varied level of anxiety (see conditions 1 and 2, Table 7).

Actor 4: was instructed to play all situations with unassertive content, but varied level of anxiety (see conditions 3 and 4, Table 7).

In addition, a fifth actor was used as the imposer in all twelve videotapes across both sets of videotapes.

Subjects were exposed to only one condition or videotape scene per situation. Consequently, four groups of 20 subjects each were formed, each group being exposed to three videotape scenes, each scene representing a different situation. Subjects within each group were randomly assigned to observe scenes from one of the two sets of videotapes.

PROCEDURE:

Posters (see Appendix C) were hung up and distributed individually in order to recruit undergraduate students at Hunter College. Videotape viewing took place in a small classroom

which could accompany up to 20 subjects at a time. Generally, five to eight subjects were run simultaneously. The videotape monitor was set up at the front of the classroom. As each subject entered the viewing room, he/she was given a questionnaire entitle "Personality Rating Form" (see Appendix D). This four page form included a page of instructions followed by three pages, each containing a general scene description of one of the three situations discussed above. Each scene description was followed by five questions which asked subjects to rate the actors, via a four point scale, on their degree of assertiveness, anxiousness, comfort, confidence and appropriateness in the given situation. Thus, data regarding these five variables were obtained for each of the three situations.

Only the assertiveness ratings constituted the dependent measure. Anxiety ratings constituted the primary check on how successful actors were in portraying anxious and non anxious behavior. Supplementary to this, confidence and comfort variables were examined. Evaluations of appropriateness ratings were used for exploratory purposes.

Two forms of this questionnaire, counterbalancing the order of the questions, were administered. In addition, the order of the situation presentations on the videotape was also varied to counterbalance for an order effect. Thus, some subjects saw the interruption scene first, some saw it second, some saw it as the third scene.

After each scene was played, subjects were given about one minute to evaluate the actors on the five variables discussed above for that situation. Since scenes were very short, in order for subject/observers to be able to evaluate them, prior familiarity with scene content was necessary. Therefore, before viewing a scene, subjects were instructed to read the scene description provided on the personality rating form in order to become more familiar with it. (See Appendix D for scene descriptions). The entire testing period took about ten minutes.

RESULTS AND DISCUSSION:

Data were evaluated separately for each of the three assertive interaction situations. This resulted in three sets of 2x2 ANOVAs for each of the five variables discussed above. In order to test prediction #2 below, a priori tests were conducted for the assertiveness mean ratings of the different situations. In taking an anxiety oriented view of assertiveness, the following hypotheses had been made.

Predictions:

For the Assertiveness Dependent Measure:

Order of perceived assertiveness will be such that:

1. Main effect for anxiety.
2. The confident/unassertive condition will be rated as equal to or more assertive than the anxious/assertive condition.

3. No main effect for assertiveness.

Results for each assertive interaction situation will be reviewed separately. In addition, for each situation, analysis of the anxiety manipulation will precede analysis of the assertive dependent measure. It is clear that if the anxiety manipulation was not effective in discriminating between groups in ratings of anxiety, there is no point to further analysis.

Before reviewing the results, it should be noted that all analyses of actor differences for the two different sets of twelve videotaped scenes found no differences to be significant (Fisher Exact Probability Tests of the ratings). Thus, there was no actor effect.

Situation A (Interruption) Analysis:

To determine whether the actors were effective in acting anxious at the appropriate time for the interruption scenes, results of the 2x2 ANOVA for anxiety ratings of these scenes were reviewed (see Table 8 below).

TABLE 8A

	Mean Anxiety Ratings	
	ANXIOUS	NON- ANXIOUS
ASSERTIVE CONTENT	3	2.6
INASSERTIVE CONTENT	2.45	1.85

TABLE 8B

Interruption Situation

ANOVA Summary Table for Anxiety Ratings (N=80)

Source	S.S	D.F.	M.S.	F	Signifi- cance
Main effects	13.450	2	6.725	5.660	.005*
Assertion	8.450	1	8.450	7.112	.009*
Anxiety	5.000	1	5.000	4.208	.041*
Interaction	.200	1	.200	.168	.999
Residual	90.300	76	1.188		
Total	103.950	79	1.316		

* ratings of each of the five variables were based on a four point scale, 1 = low; 4 = high ratings for that variable.

These results indicate that significant effects were found in ratings of anxiety for both the assertive and anxiety dimensions. Such a finding implies that differences in anxiety ratings were found to discriminate between the assertive and unassertive groups as well as between the anxious and the nonanxious groups.

This finding could be due to poor acting in the different scenes, i.e., actors may have emitted anxiety cues at inappropriate times. However, the present finding might also have resulted from the ease with which observers might have

attributed the actor's anxiety to the testing situation, per se, and not to the imposition. Confusion between test-taking anxiety versus imposition created anxiety could easily lead to the above pattern of results. Due to the anxiety effect for the skill dimension, interpretation of the dependent variable ratings, i.e., assertive ratings, for the interruption situation, as a whole, is pointless.

However, an a priori analysis of means for Table 8 indicates that no differences in anxiety were observed between the anxious/assertive and nonanxious/assertive groups (i.e., $t = .44$, $p > .05$). Actors apparently were not capable of differentiating these scenes. A check on assertiveness ratings indicates that there were also no significant differences between these two groups with respect to assertiveness (i.e., $t = .56$, $p > .05$). Most interesting is that an a priori analysis of anxiety ratings between the anxious/unassertive and nonanxious/unassertive groups indicates a significant anxiety effect here ($t = 10$, $p < .001$). According to the predictions made, although these two groups are alike on unassertive skill content, because they differ with regard to stylistic cues, that group which is rated as more anxious should also be rated as least assertive. A priori analysis of assertive ratings between these two groups indicates significant differences in the predicted direction (i.e., $t = 2.4$ $p < .025$). This provides some support for the important role that stylistic cues play in the attribution of 'assertiveness' ratings.

Situation B (Pen borrowed) Analysis:

Assertive interaction situation B involved comparing observer ratings for four different conditions involving having one's pen borrowed, but not returned. Table 9 presents the 2x2 ANOVA for the anxiety ratings of this situation.

TABLE 9A

	Mean Anxiety Ratings	
	ANXIOUS	NON- ANXIOUS
ASSERTIVE CONTENT	2.25	1.6
UNASSERTIVE CONTENT	2.45	1.65

TABLE 9B

Pen Situation

ANOVA Summary Table of Anxiety Ratings (N=80)

Source	S.S.	D.F.	M.S.	F	Signifi- cance
Main Effects	10.825	2	5.412	5.013	.009*
Assertion	0.312	1	0.312	0.289	.999
Anxiety	10.512	1	10.512	9.737	.003*
Interaction	.112	1	.112	.104	.999
Residual	82.050	76	1.080		
Total	92.987	79	1.177		

As can be seen, these data indicate a main effect of the anxiety ratings for the anxiety dimension only. No main effect for the assertive dimension was found. This was as expected, and suggests the effectiveness of the anxiety manipulation. In addition, 2x2 ANOVA's of the confidence and comfort variables indicates significant main effects for the anxiety dimension. Tables 10 and 11 present these data respectively.

TABLE 10A

Mean Confidence Ratings

	ANXIOUS	NON- ANXIOUS
ASSERTIVE CONTENT	2.75	3.8
UNASSERTIVE CONTENT	1.35	3.4

TABLE 10B

Pen Situation

ANOVA Summary Table of Confidence Ratings (N=80)

Source	S.S.	D.F.	M.S.	F.	Signifi- cance
Main Effects	64.250	2	32.125	55.113	.001*
Assertion	16.200	1	16.200	27.793	.001*
Anxiety	48.050	1	48.050	82.434	.001*
Interaction	5.	1	5.	8.578	.005*
Residual	44.300	76	.583		
Total	113.550	79	1.437		

TABLE 11A

Mean Comfort Ratings

	ANXIOUS	NON- ANXIOUS
ASSERTIVE CONTENT	2.05	3.35
UNASSERTIVE CONTENT	1.5	3.3

TABLE 11B

Pen Situation

ANOVA Summary Table of Comfort Ratings (N=80)

Source	S.S.	D.F.	M.S.	F.	Signifi- cance
Main Effects	49.850	2	24.925	26.794	.001*
Assertion	1.800	1	1.800	1.935	.165
Anxiety	48.050	1	48.050	51.652	.001*
Interaction	1.250	1	1.250	1.344	.249
Residual	70.700	76	.930		
Total	121.800	79	1.542		

Problematic here is the finding that confidence ratings discriminated not only between anxious style groups, but between assertive style groups as well (see Table 10). This is undesirable since the only programmed difference between the

assertive and unassertive groups was to be in terms of assertive content. That these two conditions also differed in terms of confidence will be problematic in interpreting comparison data for the assertive ratings between these two groups. This will be discussed in more detail below.

In general, however, the results of the anxiety ratings taken in conjunction with the results of the comfort and confidence ratings suggest that an anxiety manipulation was effected here, i.e., the actors were perceived to act the way they were supposed to act. Analysis of the dependent variable, i.e., assertive ratings, is therefore appropriate. These data are presented in Table 12 below:

TABLE 12A

Mean Assertive Ratings

	ANXIOUS	NON- ANXIOUS
ASSERTIVE CONTENT	2.35	3.45
UNASSERTIVE CONTENT	1.35	2.8

TABLE 12B

Pen Situation

ANOVA Summary Table of Assertive Ratings (N=80)

Source	S.S.	D.F.	M.S.	F	Signifi- cance
Main Effects	46.125	2	23.062	34.200	.001*
Assertion	13.612	1	13.612	20.186	.001*
Anxiety	32.512	1	32.512	48.214	.001*
Interaction	.613	1	.613	.908	.999
Residual	51.950	76	.674		
Total	97.987	79	1.240		

As can be seen from Table 12, significant main effects were found for the anxiety dimension. Thus, level of anxiety i.e., style of response was a significant factor in making judgments about degree of assertive behavior. It had been predicted (prediction #1) that the anxious style conditions would yield lower ratings of assertiveness than would the non-anxious, style conditions, regardless of level of assertive skill content. This prediction was supported.

Prediction #2 stated that the nonanxious/unassertive condition should either yield higher ratings of assertiveness than the anxious/assertive condition, or that there would be no significant differences in assertive ratings between these con-

ditions. To test this possibility, an a priori test between the assertive rating means for these two conditions was conducted (Ferguson, 1959). Results indicated a significant difference between these two conditions in the predicted direction ($t=1.67$, $df=68$, $p .05$). Thus, the nonanxious/unassertive condition was perceived to be significantly more assertive than the anxious/assertive condition. This finding suggests a very strong effect of anxiety style for assertive ratings.

The final prediction stating no expected main effect for assertiveness was not supported. This might be indicative of at least two possibilities. The finding suggests that assertive verbal content, is indeed an important dimension for ratings of assertiveness. This possibility is certainly not unreasonable. However, it does not diminish from the fact that anxiety or style was a separate factor, mediating assertiveness ratings at all levels of comparison.

The main effect found for assertiveness might also reflect the influence of the confidence differences which were found when confidence ratings were looked at. That is, assertive and unassertive groups differed with regard to how confidently they were perceived (see Table 10). This would mean that not only were the assertive content and unassertive content conditions different on the assertiveness dimension, they were also different with respect to the anxiety-style dimension. This, of course, was not

intended. Thus, differences in assertive ratings between these groups cannot clearly be said to result only from differences with regard to assertive content between these groups. What is clear, however, is that when an anxiety dimension has been fairly established, all of the anxiety comparisons are significant as predicted. Style as a factor in assertive ratings appears to be very important.

For exploratory purposes, ratings of appropriateness were also analyzed. The 2x2 ANOVA results for this variable indicated significant main effects for both the assertive skill and anxious style dimensions. See Table 13 below for these data.

TABLE 13A

	ANXIOUS	NON- ANXIOUS
ASSERTIVE CONTENT	3.15	3.95
UNASSERTIVE CONTENT	2.05	2.65

TABLE 13B

Pen Situation

ANOVA Summary Table of Appropriateness Ratings (N=80)

<u>Source</u>	<u>S.S.</u>	<u>D.F.</u>	<u>M.S.</u>	<u>F.</u>	<u>Significance</u>
Main Effects	38.600	2	19.300	20.093	.001*
Assertion	28.800	1	28.800	29.984	.001*
Anxiety	9.800	1	9.800	10.203	.002*
Interaction	.200	1	.200	.208	.999
Residual	73.000	76	.961		
Total	111.800	79	1.415		

Appropriateness of assertive behavior is an area which has been for the most part intuitively approached. The preliminary data here, concerning this variable, is suggestive of the fact that appropriateness is not only linked to assertive content skill, but seems also to be mediated to some extent by observer's perceptions of anxiety cues. This may have important implications for therapeutic settings. In any case, the relationship of appropriateness to assertive content and anxiety cues seems to warrant further experimental investigation.

Situation C (Overwork) Analysis:

Situation C involved ratings of actor's responses to a work-related incident. The imposition specifically involved a misunderstanding regarding number of hours hired for.

Analysis of anxiety ratings for this situation is displayed in Table 14 below:

TABLE 14A

Mean Anxiety Ratings

Assertive Content	Anxious	Nonanxious
	2.3	1.4
Unassertive Content	2.45	1.95

TABLE 14B

Overwork Situation

ANOVA Summary Table for Anxiety Ratings (N=80)

Source	S.S.	D.F.	M.S.	F.	Significance
Main Effects	12,250	2	6.125	6.05	.004*
Assertion	2.450	1	2.450	2.421	.120
Anxiety	9.800	1	9.800	9.685	.003*
Interaction	.800	1	.800	.791	.999
Residual	76.900	76	1.012		
Total	89.950	79	1.139		

A review of these data reveals a significant main effect for the anxiety dimension, and not for the assertive dimension. This indicates the effectiveness of the anxiety manipulation.

In Addition, confident and comfort variable ratings for this situation were analyzed. Table 15 and 16 present these findings respectively.

TABLE 15A

Mean Confidence Ratings

	Anxious	Nonanxious
Assertive Content	1.95	3,7
Unassertive Content	1.6	3.4

TABLE 15B

Overwork Situation

ANOVA Summary Table for Confidence Ratings (N=80)

Source	S.S.	D.F.	M.S.	F.	Significance
Main Effects	65.125	2	32.562	60.731	.001*
Assertion	2.112	1	2.112	3.940	.048*
Anxiety	63.012	1	63.012	117.512	.001*
Interaction	.013	1	.013	.023	.999
Residual	40.750	76	.536		
Total	105.887	79	1.340		

TABLE 16A

Mean Comfort Ratings

	Anxious	Nonanxious
Assertive Content	1.75	3.6
Unassertive Content	1.45	3.25

TABLE 16B

Overwork Situation

ANOVA Summary Table for Comfort Ratings (N=80)

Source	S.S.	D.F.	M.S.	F.	Significance
Main Effects	68.725	2	34.362	60.383	.001*
Assertion	2.112	1	2.112	3.712	.055
Anxiety	66.612	1	66.612	117.054	.001*
Interaction	.012	1	.012	.022	.999
Residual	43.250	76	.569		
Total	111.987	79	1.418		

Both of these variables demonstrate a main effect for the anxiety style dimension. Problematic, however, is that a main effect for assertiveness was found for the confidence ratings. This implies that the assertive skill groups did not just differ in assertiveness, but in confidence as well. Difficulties resulting from this finding will be discussed below.

In general, however, results of the anxiety ratings, in conjunction with the pattern of results for the confidence and comfort variables, give strong indication regarding the effectiveness of the anxiety manipulation for this situation. A review of the dependent variable--i.e., assertiveness ratings, is therefore appropriate. Table 17 presents these data:

TABLE 17A

Mean Assertive Ratings

	<u>Anxious</u>	<u>Non-anxious</u>
assertive content	1.8	3.4
Unassertive content	1.3	2.4

TABLE 17B

Overwork Situation

ANOVA Summary Table for Assertive Ratings (N=80)

<u>Source</u>	<u>SS</u>	<u>D.F</u>	<u>M.S</u>	<u>F</u>	<u>Significance</u>
Main Effects	47.700	2	23.850	38.566	.001*
Assertion	11.250	1	11.250	18.192	.001*
Anxiety	36.450	1	36.450	58.941	.001*
Interaction	1.250	1	1.250	2.021	.155
Residual	46.999	76	.618		
Total	95.949	79	1.215		

As in the pen situation, a significant main effect was found for the anxiety dimension. The nonanxious style groups yielded significantly higher ratings of assertiveness than did the anxious/style groups. These findings are identical to those for the pen situation.

Prediction #2 stated that the anxiety/assertive condition should yield either significantly lower ratings of assertiveness than the nonanxious/unassertive condition, or there should be no significant differences between these two conditions, in the predicted direction, was confirmed by a priori tests for the pen situation. Similar analysis for the present situation also confirm this prediction. That is, for the overwork situation, the anxiety/assertive condition was rated significantly less assertive than was the non-anxious/unassertive condition ($t=2.26$, $df=68$, $p < .025$).

In general, prediction #2 made the strongest statement with regard to the importance of the anxiety style factor for assertive ratings. It stated that the nonanxious/unassertive group condition would either be seen as significantly more assertive than the anxious/assertive group, or, at worst, there would be no differences. That there were significant differences in the predicted direction for both the pen and overwork situations supports this hypothesis. In either case was the assertive, but anxious group perceived to be significantly more assertive than the unassertive but nonanxious groups.

As in the pen situation, the present results for the overwork situation also indicate a main effect for assertiveness. This indicates that assertive content, as well as anxious style behavior are relevant in attributions of assertiveness by observers. However, as with the pen situation findings, there may be some difficulty in evaluating these data due to confounding of the two dimensions inadvertently.

Analysis of appropriateness ratings for the overwork situation were also examined. The 2x2 ANOVA for this variable is presented in Table 18 below:

TABLE 18A

Mean Appropriateness Ratings

	Anxious	Non-anxious
Assertive Content	2.7	3.65
Unassertive Content	1.8	2.95

TABLE 18B

ANOVA Summary Table for Appropriateness Ratings
(N=80)

Source	S.S	D.F	M.S	F.	Significance
Main Effects	34.850	2	17.425	17.681	.001*
Assertion	12.800	1	12.800	12.988	.001*
Anxiety	22.050	1	22.050	22.374	.001*
Interaction	.200	1	.200	.203	.999
Residual	74.900	76	.986		
Total	109.950	79	1.392		

These results indicate significant main effects for both anxious style and assertive content dimensions. As in the pen situation, this demonstrates that attributions of appropriateness are not only mediated by the extent of assertive content within a response, but also by the extent of anxiety cues as well.

In addition to the above analyses, Pearson product moment correlations were carried out for several variables within each condition. Because the anxiety manipulation was confounded for the interruption situation, only results for the pen and the overwork situations will be reported. Of greatest interest were correlations of confidence, anxiety and assertiveness with each other. Table 19 presents these results:

TABLE 19

Pearson Product Moment Correlations of Assertive, Confidence, and Anxiety Ratings

<u>VARIABLE</u>	<u>for</u>	<u>Situation B</u>	<u>SituationC</u>
Assertive and Confidence		.6846 $p < .001$.6909. $p < .001$
Assertive and. Anxiety		-.2634 $p < .008$	-.2151 $p < .025$
Anxiety and Confidence		-.5032 $p < .001$	-.2881 $p < .004$

These data indicate that confidence ratings are more closely related to assertive ratings than are ratings of anxiety. Although both relationships are significant, these results suggest the legitimacy of further investigations exploring the relationship of confidence and assertiveness: perhaps along the lines of experimentally determining the components of confident behavior, and how these differ, if at all, from assertiveness.

Confidence is certainly not a new term in the assertiveness area. The problem is that it has not been used as a springboard for any research here. The present pattern of results suggests that confidence, assertiveness and anxiety are probably linked together, perhaps in the area of dominance hierarchies. For example, it is usually the more dominant of a species that protects against threats and other forms of imposition. Assertiveness level may be nothing more than another label for dominance level.

Taken as a whole, the results of this study have indicated that an anxiety stylistic factor mediates observer-ratings of assertiveness in different assertive interaction situations.

Assertiveness content in these kinds of situations appears to be a less potent variable for making these ratings. In fact, analysis of the amount of variance accounted for by each of the two components found anxiety cues to account for more of the variance than did the skill component across the two situations analyzed (i.e., For the pen situation, assertive content accounted for 13% of the variance in contrast to 32%

accounted for by anxious style cues; for the overwork situation, assertive content accounted for 11% of the variance in assertive ratings while anxious style accounted for 37% of the variance, Kirk, 1968).

These findings have significant implications for both research and treatment. As indicated earlier, a great deal of research has used confederate, experimenter, and observer reports as a basis for analyzing data. According to the present set of findings, assertiveness ratings on the part of these observers--especially when ratings are in global form--are more likely to be representative of anxiety style cues than of assertive content. If anxiety cues signify anxiety alone, and not lack of skill, then therapists may risk labelling individuals as unassertive on the basis of only stylistic cues. Furthermore, treatment for the stylistic cues of anxiety may not necessarily correspond with treatment for skill-deficits in assertive behavior. Such noncorrespondence may pose difficulties for therapy.

In general, the present study was important in demonstrating the need to tease apart the effects of "style" from "content" in assertive responding. Although 'stylistic' aspects appeared more relevant with regard to observer-ratings of assertiveness, the larger issue concerns the fact that two different approaches to assertiveness exist independently.

STUDY III

Evidence regarding the relationship between anxiety (i.e., self-report discomfort) and unassertive behavior (i.e., resisting imposition) was found in Study 1. In Study 2, based on observer ratings of actors, it was found that attributions of assertiveness were primarily mediated by perceptions of anxious stylistic cues rather than by assertive content or skill. The present study extended these investigations into an experimental behavioral exploration of the relationship between anxiety and assertiveness, i.e., is there a causal relationship between anxiety (defined by self and confederate reports) and assertive content responding, (defined by Study I results) or is assertive responding primarily a skill-related behavior.

This was tested by exposing two groups of subjects to "in vivo" high and low anxiety "imposition" situations. That these situations were considered imposing had been determined in Study 1. It is also noted here, that in contrast to most research on assertiveness, role-playing was not used in this study. Situations encountered by the subjects were all genuine in that subjects had no knowledge that any manipulation was being carried out.

For additional information several personality scales were also administered.

METHOD:

Subjects:

Most individuals being exposed to assertiveness training come from a clinical population. In order that the present results be generalizable to this population, subject sampling was centered on this group. Thirty male and female individuals were therefore recruited from an outpatient psychotherapy clinic. A total of 40 subjects (23 male, 17 female) had been recruited for the study initially. However, 4 subjects were used for piloting purposes; 5 subjects forgot to bring their pens (to be explained below); and 1 subject found the script of the experiment, read it and thus contaminated her own results by becoming aware of the hypothesis. This resulted in a total of 30 subjects (16 male; 14 female), 15 per condition, whose results could be used for analysis.

Instruments:

The following scales and equipment were used:

1. Rathus Assertiveness Schedule (RAS): See Appendix B.
See Study 1, methods section, for a scale description.
2. Fear of Negative Evaluation (FNE): Watson and Friend, 1969.
See Appendix E.

This scale has a very high index of homogeneity, and has sufficient reliability: Test-retest reliability for the FNE is .78-.94. Validation studies in terms of approval

seeking or disapproval avoiding indicated that those high on FNE not only avoided disapproval, but sought approval as well. Discriminant and convergent validity was established by correlating the FNE with a variety of anxiety and personality schedules.

3. Spatial Relations Test: Source: College Entrance Examinations, see Appendix F. This consists of a series of 20 spatial relations problems.
4. Lux Minute Minder Timer: Clicking is especially loud; timer is approximately 5" x 7" x 5" in size.

Procedure:

Subject recruitment involved placing posters in the hallway and lobby of a small mid-Manhattan outpatient psychotherapy clinic. Posters indicated that free personality testing would be available for a limited time; those interested were to leave their name and number. When subjects were contacted regarding appointment times (all testing of the subjects took place at the clinic) they were told to be sure to bring a ball point pen with them so as to be able to fill out forms requiring a pen. This was done for the purpose of being able to carry out the pen manipulation, which constituted one of the imposition situations.

Procedure Overview:

The hypothesis under investigation concerns whether or not assertive content responding can be influenced by manipulating

different levels of anxiety. To test this, as indicated earlier, two independent groups of subjects were each exposed to 2 in vivo behavioral manipulations in which assertive responding was called for.

The two assertive manipulations or encounters which were planned were counterbalanced with respect to high and low anxiety so as to reduce possible situationally related confounding. This allowed an analysis of whether extent of assertive responding can be affected by different levels of anxiety in two different situations for the same individual. Since individuals in the high and low anxiety conditions per situation were randomly assigned to these two conditions, it is assumed that they would not significantly differ in assertiveness skill level. In fact, administration of the RAS prior to any of the behavioral manipulations allowed a check of this assumption. If the groups are not significantly different on assertiveness skill level, any differences between the two groups, for each manipulation, can be taken as indicative of an anxiety effect.

Assertive Interaction Manipulations:

The two behavioral manipulations used consisted of:

1. Interruption Measure: While taking a timed intelligence test, the subject was interrupted a maximum of 6 times by the test giver.
2. Pen Measure: As the subject finished the last questionnaire, the test giver borrowed the subject's pen, put it

into his/her pocket, and then walked off with it into another room.

Situations identical to these were sampled in Study 1; that these situations are considered impositions, requiring assertive responses was therefore already established (objective data from Study 1). In addition, what the assertive response is considered called for was established. These responses constituted the primary dependent measures for the present study. Thus, stopping the interruption and requesting the pen back, as validated in Study 1 constituted the assertive responses. The non-occurrence of these behaviors was determined as being unassertive.

Anxiety Manipulation:

Social interactive anxiety was manipulated by varying the level of authority and prestige effected by the confederate imposing upon the subject. High anxiety conditions consisted of a confederate playing the role of a cold mannered experimented addressed as Dr. x (personal names were used) who was running the study. Dr. x was attired in white laboratory coat. The low anxiety condition consisted of a confederate playing the role of low dominant, overly friendly assistant, attired in jeans.

Specific Procedural Format:

Two groups of 15 subjects each were formed in order to counter-balance high and low anxiety conditions. Therefore,

one group was first exposed to high anxiety (Dr. condition) then to low anxiety (Assistant condition), while the second group was exposed to first the low anxiety and then to the high anxiety condition.

Regardless of the anxiety condition order, each subject in each group was exposed to the interruption situation first, and then to the pen borrowing situation. This resulted in the following conditions: One group was exposed to the high anxiety/low anxiety manipulation (i.e., Doctor condition for the interruption measure; followed by the Assistant condition for the pen measure), while the other group was exposed to the low anxiety/high anxiety manipulation (i.e., Assistant condition for the interruption measure followed by the Doctor condition for the pen measure).

As the Subject entered the lab, he/she was told to get comfortable. The Subject was told that after completing some tests, he/she would be asked several questions.

When the Assistant acted in this condition, he introduced himself as being Dr. X's assistant, and noted that he could not discuss any of the results with the Subject, but could only administer the tests. He made it clear that only Dr. x could analyze the results. When the Experimenter-Doctor acted in this condition, he/she introduced himself/herself to the Subject as Dr. X, and explained that he/she would be responsible for analyzing and discussing the results with the Subject.

At this point, the Experimenter or Assistant, depending on the condition, gave the Subject a copy of the RAS to complete. This generally took an average of 10 minutes. Upon completion of the scale, the Experimenter or the Assistant told the Subject that he/she would now be given a culture-free intelligence test, that speed was of most importance, and that there would be two minutes to complete the test. The Subject was then given a sheet of paper which had 20 sets of spatial relations problems presented together (see Appendix F). After being given a brief explanation of the instructions, the Experimenter or the Assistant would up the minute timer, which had been standing on the table, put it right in front of the Subject, and told the Subject he/she had 2 minutes.

During the test taking, while the timer was very loudly ticking, the Experimenter or Assistant had instructions to interrupt a maximum of 6 times with helping comments.

Interruptions were of the following type:

1. Are you sure you understand the instructions?
2. Try to work as fast as you can now; work faster!
3. If you concentrate completely on what you are doing, you'll do better on time.
4. Try to pick up your pace!
5. Try to concentrate, hurry, the time is running out.
6. At appropriate time--You have about 30 seconds left, hurry up!

In order for these interruptions to be standardized for all the Subjects, a sheet of paper with these interruptions printed on it was always kept on the side of the table the Experimenter or the Assistant sat at. Interruptions were numbered and timed, i.e., all subjects received the interruptions in the same order and at the same relative time.

If the Subject stopped the Experimenter or the Assistant from making the interruptions, the Experimenter and the Assistant were instructed to stop all further interruptions, and to record the number of interruptions that the Subject allowed to go by before stopping it. In addition to making interruptions, the Experimenter or the Assistant was also instructed to "absent-mindedly" tap a pen against the side of the table. During this period, the Experimenter or the Assistant were to write out on a sheet provided, a rating of the Subject's general anxiety level for the situation.

This test and manipulation was over in 2 minutes as marked by the ringing of the timer. At this point, the Experimenter or the Assistant told the Subject that he/she would be asked some questions. The major point of these questions was to get the Subject's self-report about anxiety/discomfort in the interruption situation. For example, at first, the Subjects were asked which of the 2 tests was experienced as more uncomfortable, and why. They were asked to describe anything during the test-taking as stressful or uncomfortable.

They were asked if there was anything about the test taking situations that they would have liked changed, and if so, why did they do nothing about it. They were asked how they felt about all the extra help they got during the speed test-- whether they felt they were being interrupted too much?

After obtaining a self-report measure, the Experimenter or the Assistant told the Subject that the tests which were just taken would now be scored. If the Experimenter had taken this condition, the Experimenter explained that the Assistant would take over while the Experimenter scored the results. The Experimenter then called out the Assistant, who was in an adjoining room, and then left to score the tests. If the Assistant had taken the first condition, the Assistant explained to the Subject that Dr. x would be back right now and could continue with the testing. The Assistant would score the tests in the meantime in the adjoining room. At this point the Assistant left, and the Experimenter came out.

After the switch, the Experimenter or the Assistant, depending on the condition, gave the Subject the FNE scale to complete. This takes an average of 3-5 minutes. It is important to note that the Experimenter or the Assistant intentionally had no pen at this point. The only pen in sight was the one the Subject had brought. After filling out the FNE, the Experimenter or the Assistant looked over the responses, and then asked to borrow the Subject's pen in order to write the Subject's name on the form. This was done under the pretext that unless

the form had the Subject's name on it, it might get confused with someone else's form during the scoring process. After the Experimenter or the Assistant wrote the Subject's name down, the pen was placed in the Experimenter's or the Assistant's pocket. It was explained to the Subject that all testing was over, that this final form would now be scored, and that another Experimenter would discuss all of the results with the Subject. The Experimenter or the Assistant then told the Subject to wait for the other Experimenter, and left with the pen. Records were made of whether or not the pen was requested back, and confederate reports were made regarding the Subject's anxiety during pen incident. Self-report for this was determined during the first stage of debriefing.

Debriefing:

Stage 1 consisted of getting a self-report record for anxiety regarding the pen measure. As a further check on the successfulness of the anxiety manipulation, in general, the Subject was also asked to indicate with whom he/she felt relatively "more on guard" with, the Experimenter or the Assistant.

Stage 2 consisted of discussing the subjects results with the Subject. All questionnaires had been scored at this point, and these and their implications were discussed with the Subject. Since the writer is a therapist at the clinic in which the testing took place, implications regarding future

treatment and types of treatment were discussed.

Stage 3 involved debriefing the Subject about the acotrs used for the study, about the fact that the Dr. label was used for the sake of the manipulation only, and was not, as yet, legitimate. Subjects were told that the speed intelligence test was not a genuine intelligence test but was used to simulate a severe imposition situation. Purposes of the study were discussed with each subject.

Debriefing averaged 15-25 minutes per subject. Testing took about 20-30 minutes. The average subject was run in a total of about 45-50 minutes.

Results and Discussion:

Since one of the two experiemnters used was aware of the hypothesis, experimenter differences were examined to insure no effects of experimenter bias. Comparison of occurrence or non-occurrence of assertiveness for subjects in the two alternate experimenter conditions (i.e., between the writer and a confederate blind to the hypothesis) for both the interruption and pen measures indicated no significant experiemnter effect (Fisher Exact Probability Test). Data for both Experimenters were therefore analyzed together. The confederates who alternated with each other in the "assistant" condition were both blind to the hypothesis. No significant experimenter effect was found here either.

Before looking at these data, comparability of groups on the skill dimension, as well as a check for the successfulness of the anxiety manipulation must be demonstrated. Without these being established first, any results would be difficult to properly interpret.

To determine whether subjects in the two conditions randomly assigned to the 2 conditions were indeed comparable on assertive skill level, RAS scores for the 2 groups were compared. Results indicated no significant differences between these 2 groups ($t = .127$) $p > .05$.

In order to determine the successfulness of the anxiety manipulation, several levels of analysis were conducted. Analysis of self-report and confederate reports of the Subject's anxiety were done independently for each imposition situation. Performance differences on the speed test were also looked at. Most important, however, was the measure obtained from the subject regarding the relative degree of 'on guardedness' (i.e., anxiety/discomfort) with the Experimenter and the Assistant.

Analysis of self and confederate reports of anxiety for the interruption measure indicated no significant differences between the Experimenter and the Assistant conditions in terms of either self or confederate reports of anxiety ($t = .23$, $df = 28$, $p > .05$; $t = .46$, $df = 28$, $p > .05$ respectively for self and confederate reports). However, these results

are not clear. For example, it is conceivable, as was the case for the interruption situation in study 2, that anxiety about imposition was confounded by anxiety regarding the test-taking. Self-report as well as confederate reports may have been affected by this confusion. This seems very likely given the pattern of results obtained from the relative measure regarding 'on-guardness' with the Experimenter vs. the Assistant. These will be discussed later. For the pen measure, however, significant differences between the two conditions were found for both the self and confederate reports of subject anxiety ($t=1.70$, $df=28$, $p<.05$; and $t=1.94$, $df=28$, $p<.05$). It appears that for the pen measure, anxiety had been greater when the Experimenter took the pen, than when the Assistant took the pen.

Comparisons of performance scores on the speed test for the Experimenter vs. the Assistant conditions were also analyzed. This revealed no significant differences between these two groups ($t=1.29$, $df=28$, $p>.05$). It should be noted, however, that test performance as indicative of anxiety is generally difficult to interpret. For example, quite often, poor performance can be explained as resulting from high anxiety. On the other hand, fine performances are also quite often mediated by some level of anxiety. Because of these difficulties in interpretation, these results can not necessarily be related to anxiety.

The most important analysis available for the anxiety check involved the Subjects' relative reports regarding direct

comparisons between the Experimenter and Assistant conditions. Analysis of these data reveals that significantly more subjects rated the Experimenter as more anxiety provoking (i.e., were more on guard with) than the Assistant ($\chi^2 = 12.6$, $df=2$, $p < .01$). In addition, analysis of these results were established for each of the conditions separately. It was found that whether the Experimenter was introduced before or after the Assistant, no significant differences were found between the two groups on whether the Experimenter is more or less anxiety provoking than the Assistant. For both conditions, then, the Experimenter was rated as being significantly more likely to be anxiety provoking than the Assistant.

Because this measure constituted the most direct assessment of the relative degree of anxiety evoked by the Experimenter as compared to the Assistant for the Subject. The results of this analysis will be given greatest weight. The present pattern of results, in addition to the positive results of the self and confederate anxiety reports regarding the pen measure, seem to provide rather strong evidence that the anxiety manipulation was successful. Analysis of the dependent variable with regard to differential assertive responses for the high and low anxiety conditions is therefore now appropriate.

The association between level of anxiety and the occurrence or non-occurrence of the predetermined assertive response in these situations was tested by a nonparametric analysis of the data. Data for each situation was independently analyzed.

Table 20 presents these data for both the interruption and pen measures.

TABLE 20

Experimenter vs. Assistant conditions in occurrence of assertive response

(Fisher Exact Probability Tests)*

Interruption

	<u>#Subjects who stopped interruption</u>	<u>#Subjects who didn't stop interruption</u>
Experimenter	1	14
Assistant	6	9

SIGNIFICANT AT .05 level, 1 tailed test based on prediction.

Pen Measure

	<u>Subjects who got pen back</u>	<u>Subjects who didn't get pen back</u>
Experimenter	2	13
Assistant	12	3

SIGNIFICANT at .005 level for a 1 tailed test as based on prediction.

*Note: Due to low expected cell frequencies, χ^2 analysis was not possible for this data (Siegel, 1956).

Results for the interruption manipulation indicate significant differences between the Experimenter and the Assistant conditions for assertiveness, at a .05 level, one tailed test; results for the pen manipulation indicate significant differences between the Experimenter and the Assistant conditions at a .005 level, one tailed test. In both cases, individuals were significantly more likely to assert themselves with the assistant than with the experimenter. A systematic association between the experimental manipulation and the occurrence of assertive behavior has therefore been demonstrated.

The experimental manipulation was intended to create an anxiety effect. Although it was in fact established that experimenter and assistant conditions differ also in terms of status. Therefore, it could be argued that the present set of results are due not only to an anxiety effect, but to a status effect as well. In this latter case, it could be argued that people have simply learned to respond differently to people of different status, and these differences may occur with or without differences in levels of anxiety.

The present data allow for an independent examination of anxiety and assertiveness within each status condition. That is, one can look at the association between anxiety and assertiveness within each of the Experimenter and Assistant conditions alone. Such an analysis controls for status effect since all comparisons are kept within a given status level. Thus, the association between assertiveness and

anxiety was examined for cases (i.e., across both the interruption and pen manipulations) when the Experimenter did the imposing; this was also examined for cases where the Assistant did the imposing. Anxiety measures here consist of the self and confederate reports for the interruption and pen measures. Table 21 presents data for this analysis.

TABLE 21

Mean anxiety ratings for assertive and unassertive subjects when imposed upon by Experimenter or Assistant.

(across both manipulations)

A. Experimenter Imposition

<u>Anxiety Ratings</u>	Assertive Subjects	Unassertive Subjects
Self-Report	n=3 1.66 *	n=27 2.22
Confederate Report	n=3 1.33	n=27 2.51

B. Assistant Imposition

<u>Anxiety Ratings</u>	Assertive Subjects	Unassertive Subjects
Self-Report	n=18 1.61	n=12 2.25
Confederate Report	n=18 1.66	n=12 2.58

*Numbers in cells refer to mean anxiety ratings for the condition. Anxiety ratings were based on a 4 point scale where 1 = no anxiety and 4 = high anxiety.

As indicated in the table above, there is a consistent trend for unassertive subjects to be rated more anxious than assertive subjects, both in terms of self and confederate reports. For cases of experimenter imposition, due to few instances of assertiveness, (i.e., only 3 subjects were assertive here, while 27 were unassertive), further statistical analysis of anxiety differences between assertive and unassertive groups was not possible. However, such analysis was possible for subjects imposed upon by the assistant, (i.e., where $n=18$ for assertive subjects; $n=12$ for unassertive subjects). As noted in Table 21 for the assistant imposition, it was the case that assertive subjects were rated significantly less anxious than unassertive subjects for both the self and confederate anxiety report ratings. (i.e., self ratings: $t=1.85$, $df=28$, $p < .05$, $t=2.78$, $df=28$, $p < .005$). confederate ratings: These data indicate that when status level is kept constant, differences in anxiety are associated with differences in assertiveness. The present data are consistent with the analysis that anxiety played an important role for assertive behavior in the two imposition situations.

In addition, the fact that results of this study were replicated across two very different situations of imposition, each calling for an assertive response, gives evidence for

the generalizability of these findings. It also suggests the importance of a generalized dimension of social anxiety for assertive performance.

Correlational Analysis of Personality Scale Data:

In addition to the experimental analysis reviewed above, several other comparisons of the data in study 3 were investigated. For example, a Spearman Rank Correlation between RAS and FNE scores revealed a .414 correlation significant at a .05 level. This seems to be typical of past findings relating similar scales. In general, however, most writers argue that correlation coefficients between global self-report measures are more indicative of the general inadequacy of such measures than of actual relationships between the variables in question. It is of interest, however, that RAS scores were not capable of discriminating between subjects who were assertive in Study 3 and those who were not ($t=1.44$, $df=28$, $p>.05$).

Measures like this scale are often used to select subjects for research in assertiveness, and to obtain pre and post change scores in determining effectiveness of treatment. The present results cause one to question the external validity of such a scale, and thus, the interpretative validity of studies based on scales like this one.

Similar analyses were not possible using the FNE scale since subjects had already been manipulated by the time they completed this scale. This may also be the cause for the

fact that only a moderate correlation was found between FNE and RAS scales. Orentsein (1975) for example, in using different scales, and larger samples, found correlations of up to .75 between assertiveness and anxiety self-report measures.

The present set of findings have important and serious implications for research and therapy. A great deal of effort has been expended in researching assertiveness as a skill based phenomenon. No doubt, skill is a requirement for performance, but as Bandura (1969) has demonstrated, non-performance does not indicate non-acquisition of the response skill. The present study appears to have demonstrated this for the area of assertive responses. That is, for most individuals, the skill or content aspect of assertiveness for the present study, was there. It's performance, however, was strongly mediated by social anxiety cues in the environment. It is noteworthy that even when skill (i.e., assertive content) is lacking, anxiety or style appears to be an important factor, at least for mediating observer ratings of assertiveness. For example, Study II established that individuals who are not skillful but are not anxious will be perceived to be at least as assertive if not significantly more assertive than individuals who are skillful, but anxious. It was not the case that high assertive but anxious actors were ever perceived as significantly more assertive than the non-anxious, low assertive ones (e.g., Study II, situations B and C.).

Perhaps most important in the present study is the demonstration that assertive skills can be manipulated by manipulating situations variables. Whether the manipulation was effected by status differences or directly by anxiety is less important than the fact that the manipulation took place at all. That this occurred suggests the selective ability of individuals to emit assertive responses--emission seeming more to be guided by situational and perhaps social consequential factors than by fixed behavioral deficits. In this respect, the present findings support those reported by Eisler, et al, 1974; Nietzel and Bernstein, 1976; and Gottman and Schwartz, 1974.

Results of the present series of studies call into question the validity of emphasizing the verbal skill aspects of assertiveness in treatment (e.g., as demonstrated by the proliferation of role-playing techniques). Not only is this questioned by the fact that anxiety-style cues and not necessarily skill content cues are relevant in observer attributions of assertiveness (Study II), it is also made questionable by the fact that assertive skills in imposition situations, as indicated in Study III, appear to pose problems primarily at a performance level and not necessarily at an acquisition level. Study III demonstrated that performance was mediated, not only by level of skill available, but more clearly by social situational factors.

Furthermore, that anxiety was associated with extent of assertive response (e.g., Study III) suggests that the anxiety occasioned by a specific situation inhibits the performance of assertive skills in that situation. If this is the case (suggested by Study I, self-report; and by Study III) a person given assertiveness training may profit from the inclusion of anxiety disinhibition techniques in training packages. This has, in fact, been suggested by recent researchers (e.g., Orenstein et al, 1975; Thorpe, 1975; and Homes and Horan, 1976).

What might be asked at this point is why has the skill-deficit aspect of assertive responding become almost exclusively identified, via role-playing techniques, with doing assertive training. Judging from the results of Study II, the fact that anxiety cues emitted by actors were associated with ratings of unassertiveness may demonstrate a tendency for researchers to make skill attributions based on anxiety cues. In addition, individuals actually deficient in skills could keep themselves in this state through avoidance (i.e., anxiety-based) patterns of behavior. Avoidance of certain situations, a common solution for the socially anxious, leads to limitations on what could naturally be learned and unlearned in this environment. Consequently, individuals interested in assertive training may not only emit anxiety cues, they may indeed be inexperienced as well. Training in skills would therefore be considered appropriate. However, the primary problem still would appear to be the social anxiety experienced, and not a skill-deficient

repertoire.

In either case, the fact that anxiety, perhaps in addition to skill deficit, may be causal to assertiveness difficulties, as initially posed by Wolpe (1954, 1958) and as supported here, appears to justify an anxiety-oriented research model for the investigation of assertiveness.

AN ANXIETY BASED MODEL FOR ASSERTIVE BEHAVIOR RESEARCH

Hypothesis I: Individuals generally have the ability and/or knowledge (i.e., acquisitional response class) with which to resist or deflect perceived impositions or threats of imposition. (Study 1)

Corollary I A: The ability or knowledge to resist or deflect imposition is not a sufficient condition for actually resisting or deflecting the perceived imposition.

Hypothesis II: The performance of resisting or deflecting perceived usurpations/impositions is largely mediated by the level of social anxiety experienced by the performer. The term "social anxiety" specifically refers to anxiety related to or stemming from fear of negative social reaction or reprisal of one's assertive behavior by real or symbolic others in the situation in question. (Suggested by Study 3; Supported by Study 1)

Corollary II A: The higher the social anxiety, the less likely one is to perform assertively.

Hypothesis III: Elicitation of social anxiety is a direct function of the perceived eminence of social fear cues in a given situation.

Corollary III A: The perceived presence of social fear cues such as the threat of disapproval, rejection, criticism, and the like tend to decrease the assertive performance probability.

Corollary III B: Emphasis in one's perceptions on pay-off cues (i.e., decrease the imposition) rather than on social fear cues (i.e., fear of social retaliation) will increase the likelihood of behaving assertively.

Actor/observer attributions of assertiveness:

Hypothesis IV: Self-satisfaction and/or psychological comfort in an assertiveness interaction situation is directly related to the extent one had behaved or perceived oneself to behave independently of anxiety feelings.

Corollary IV A: Self-attributions of assertiveness are directly related to one's perceptions of having behaved freely of anxiety in any given interaction situation, regardless of actual skill level.

Corollary IV B: The extent of one's self-satisfaction following an assertive interaction situation in which self-anxiety was not perceived is further increased by one's perception of equilibrium for the situation, i.e., the perceived cessation of imposition, regardless of outcome.

Hypothesis V: Observer ratings of assertiveness are mediated by anxiety cues emitted by the actor (supported by Study 2).

Corollary V A: Confident acting, regardless of whether content is assertive or not, will be perceived as assertive by objective raters; Anxious acting, regardless of whether content is assertive or not, will be perceived

as unassertive by objective raters. (Supported by Study 2 data).

Therapeutic Implications:

Hypothesis VI: Reduction in social anxiety will increase assertive response probability.

Corollary VI A; Desensitization of one's social anxiety will lead to an increased probability of assertive responding.

Corollary VI B: The legitimization and/or permission by a higher authority to behave assertively will reduce social anxiety and lead to an increase in assertive responding. (Suggested by the Nietzel and Bernstein (1976) findings.

Corollary VI C: Training individuals to focus on pay-off cues in assertive interactions, rather than on fear cues, will lead to an increase in assertive response probability for a given situation.

APPENDIXES

APPENDIX A

Social Interactive Mini-Scale (SIM)

Form A (His Form): Subjective

Form B: Objective

Form A: Subjective
(His Form)

SOCIAL INTERACTION MINI-SCALE

Instructions:

This scale consists of a description of several different types of social situations in which you may or may not feel comfortable. Each situation is followed by a group of questions about your reactions and feelings to the situation. In answering these questions, please be careful to be as accurate as possible about your feelings and reactions.

School Status: Freshman _____

Sophomore _____

Junior _____

Senior _____

Sex: M _____ F _____

Age: _____

SITUATION A:

You are being evaluated by a psychologist on an intelligence test emphasizing speed. The psychologist, who is overly helpful, constantly interrupts you with his helping comments. As a result, you are hampered in taking the test.

Questions:

1. If you were in this situation, how imposed upon do you think you would feel?

- Not at all imposed upon Moderately imposed upon
 Somewhat imposed upon Very much imposed upon

2. What feeling or emotion below would best characterize you if you were in this situation?

- Anger Tense
 Annoyance Anxious
 Neutral Upset

3. What would you most want to do if you were in this situation?

- a. Ignore the psychologist.
 b. Point out to the psychologist that his comments are disruptive and ask him to stop them.
 c. Tell the psychologist off in angry tones.
 d. Other (please specify): _____.

4. What would you most probably do if you were in this situation?

- a. Ignore the psychologist.
 b. Point out to the psychologist that his comments are disruptive and ask him to stop them.
 c. Tell the psychologist off in angry tones.
 d. Other (please specify) _____.

5. If your answers to questions 3 and 4 are not the same, please indicate why by checking one of the following alternatives. If there is more than one reason, please rank your answers from most to least starting with number 1.

- a. I would feel too uncomfortable to do what I'd like to do in this situation.
 b. It would not have occurred to me to act otherwise.
 c. I wouldn't know how to do what I most wanted to do.
 d. I would feel uncomfortable about possible offending someone.
 e. Other (please specify): _____.

SITUATION B:

You were just hired to do 15 hours of part-time work. When you arrive you find that you are expected to do 16 hours of work.

Questions:

1. If you were in this situation, how imposed upon do you think you would feel?

- Not at all imposed upon Moderately imposed upon
 Somewhat imposed upon Very much imposed upon

2. What feeling or emotion below would best characterize you if you were in this situation?

- Anger Annoyance
 Tense Anxious
 Neutral Upset

3. What would you most want to do if you were in this situation?

- a. Discuss the misunderstanding with the person in charge.
 b. Work for 16 hours instead of for 15.
 c. Walk out angrily.
 d. Not say anything.
 e. Other (please specify): _____.

4. What would you most probably do if you were in this situation?

- a. Discuss the misunderstanding with the person in charge.
 b. Work for 16 hours instead of for 15.
 c. Walk out angrily.
 d. Not say anything.
 e. Other (please specify): _____.

5. If your answers to questions 3 and 4 are not the same, please indicate why by checking one of the reasons below. If there is more than one reason, please rank your answers from most to least starting with number one.

- a. I would feel too uncomfortable to do what I'd like to do in this situation.
 b. It would not have occurred to me to act otherwise.
 c. I wouldn't know how to do what I most wanted to do.
 d. I would feel uncomfortable about possibly offending someone.
 e. Other (please specify): _____.

SITUATION C:

You have just ordered some take-out food and are told that it will take about 15 minutes to prepare. Twenty minutes later, you get your order.

Questions:

1. If you were in this situation, how imposed upon do you think you would feel?

- Not at all imposed upon Moderately imposed upon
 Somewhat imposed upon Very much imposed upon

2. What feeling or emotion below would best characterize you if you were in this situation?

- Anger Annoyance
 Tense Anxious
 Neutral Upset

3. What would you most want to do if you were in this situation?

- a. Complain about the extra 5 minuet wait.
 b. Not say anything.
 c. Thank the clerk and pay the bill.
 d. Behave angrily about having been kept waiting.
 e. Other (please specify): _____ .

4. What would you most probably do if were in this situation?

- a. Complain about the extra 5 minute wait.
 b. Not say anything.
 c. Behave angrily about having been kept waiting.
 d. Thank the clerk and pay the bill.
 e. Other (please specify): _____ .

5. If your answers to questions 3 and 4 are not the same, please indicate why by checking one of the reasons below. If there is more than one reason, please rank your answers from most to least starting with number one.

- a. I would feel too uncomfortable to do what I'd most want to.
 b. It would not have occurred to me to act otherwise.
 c. I wouldn't know how to do what I most wanted to do.
 d. I would feel uncomfortable about possibly offending someone.
 e. Other (please specify): _____ .

SITUATION D:

You have just approached an important administrator for his help in a certain matter. It is important that he sign some papers for you. He borrows your pen to do so, and then puts your pen away in his own pocket rather than return it to you.

Questions:

1. If you were in this situation, how imposed upon do you think you would feel?

- Not at all imposed upon Moderately imposed upon
 Somewhat imposed upon Very much imposed upon

2. What feeling or emotion below would best characterize you if you were in this situation?

- Anger Annoyance
 Tense Anxious
 Neutral Upset

3. What would you most want to do if you were in this situation?

- a. Not mention anything about the pen.
 b. Forget about the pen and thank the administrator for his help.
 c. Remind the administrator that he has my pen.
 d. Other (please specify): _____.

4. What would you most probably do if you were in this situation?

- a. Not mention anything about the pen.
 b. Forget about the pen and thank the administrator for his help.
 c. Remind the administrator that he has my pen.
 d. Other (please specify): _____.

5. If your answers to questions 3 and 4 are not the same, please indicate why by checking one of the reasons below. If there is more than one reason, please rank your answers from most to least starting with number 1.

- a. I would feel too uncomfortable to do what I'd most want to.
 b. It would not have occurred to me to act otherwise.
 c. I wouldn't know how to do what I most wanted to do.
 d. I would feel uncomfortable about possibly offending someone.
 e. Other (please specify): _____.

SITUATION E:

As you are in an elevator, you realize that someone has been and is continually staring at you.

Questions:

1. If you were in this situation, how imposed upon do you think you would feel?

___ Not at all imposed upon ___ Moderately imposed upon
 ___ Somewhat imposed upon ___ Very much imposed upon

2. What feeling or emotion below would best characterize you if you were in this situation?

___ Anger ___ Annoyance
 ___ Tense ___ Anxious
 ___ Neutral ___ Upset

3. What would you most want to do if you were in this situation?

___ a. Ignore the person staring.
 ___ b. Stare back.
 ___ c. Ask the person to explain the staring.
 ___ d. Tell the person to stop staring.
 ___ e. Other (please specify): _____.

4. What would you most probably do if you were in this situation?

___ a. Ignore the person staring.
 ___ b. Stare back.
 ___ c. Ask the person to explain the staring.
 ___ d. Tell the person to stop staring.
 ___ e. Other (please specify): _____.

5. If your answers to questions 3 and 4 are not the same, please indicate why by checking one of the reasons below. If there is more than one reason, please rank your answers from most to least starting with number one.

___ a. I would feel too uncomfortable to do what I'd most want to.
 ___ b. It would not have occurred to me to act otherwise.
 ___ c. I wouldn't know how to do what I most wanted to do.
 ___ d. I would feel uncomfortable about possibly offending someone.
 ___ e. Other (please specify): _____.

Form B: Objective

Sex: Male ___ Female ___

SOCIAL INTERACTION MINI-SCALEInstructions:

This scale consists of a description of several different types of social situations in which individuals may or may not experience discomfort. Each situation is followed by a group of questions regarding your perceptions about these situations. In answering these questions, please be careful to be as accurate as possible.

SITUATION A:

A person is being evaluated by a psychologist on an intelligence test emphasizing speed. The psychologist, who is overly helpful, constantly interrupts with helping comments. As a result, this person is hampered in taking the test.

Questions:

1. Do you believe that this person is being imposed upon?

___ Not at all imposed upon ___ Moderately imposed upon
 ___ Somewhat imposed upon ___ Very much imposed upon

2. Do you believe that this situation calls for an assertive response?

___ Yes ___ Somewhat
 ___ No ___ I don't know

3. If you feel that an assertive response is called for, what would it be in this situation?

___ a. An assertive response is not called for here.
 ___ b. Ignore the psychologist.
 ___ c. Point out that the remarks are disruptive and ask the psychologist to stop them.
 ___ d. Tell the psychologist off in angry tones.
 ___ e. Other (please specify): _____.

4. Which of the alternatives in question 3, if any, would you consider to be an unassertive response (please circle one or more below)?

a b c d e

5. Which of the alternatives in question 3, if any, would you consider to be a mature response (please circle one or more below)?

a b c d e

SITUATION B:

A person was just hired to do 15 hours of part-time work. When this person arrives, 16 hours of work is expected.

Questions:

1. Do you believe that this person is being imposed upon?

Not at all imposed upon Moderately imposed upon
 Somewhat imposed upon Very much imposed upon

2. Do you believe that this situation calls for an assertive response?

Yes Somewhat
 No I don't know

3. If you feel that an assertive response is appropriate, what would you consider it to be in this situation?

- a. Discuss the misunderstanding with the person in charge.
 b. Work for 16 hours instead of for 15.
 c. Walk out angrily.
 d. Not say anything.
 e. Other (please specify): _____.
 f. An assertive response is not appropriate here.

4. Which of the alternatives in question 3, if any, would you consider to be an unassertive response (please circle one or more below)?

a b c d e f

5. Which of the alternatives in question 3, if any, would you consider to be a mature response (please circle one or more below)?

a b c d e f

SITUATION E:

While riding in an elevator, a person realizes that he is being stared at.

Questions:

1. Do you believe that this person is being imposed upon?

Not at all imposed upon Moderately imposed upon

Somewhat imposed upon Very much imposed upon

2. Do you believe that this situation calls for an assertive response?

Yes Somewhat

NO I don't know

3. If you feel that an assertive response is appropriate here, what would you consider it to be in this situation?

a. Ignore the person staring.

b. Stare back.

c. Ask the person to explain the staring.

d. Tell the person to stop staring.

e. Other (Please specify): _____.

f. An assertive response is not called for here.

4. Which of the alternatives in question 3, if any, would you consider to be an unassertive response (please circle one or more below)?

a b c d e f

5. Which of the alternatives in question 3, if any, would you consider to be a mature response (please circle one or more below)?

a b c d e f

APPENDIX B

Rathus Assertiveness Schedule (Rathus, 1973)

Directions:

For the statements below, please indicate how characteristic or descriptive each of the following statements is for you by using the code given below:

- +3 very characteristic of me, extremely descriptive
- +2 rather characteristic of me, quite descriptive
- +1 somewhat characteristic of me, slightly descriptive
- 1 somewhat uncharacteristic of me, slightly nondescriptive
- 2 rather uncharacteristic of me, quite nondescriptive
- 3 very uncharacteristic of me, extremely nondescriptive

- ___ 1. Most people seem to be more aggressive and assertive than I am.
- ___ 2. I have hesitated to make or accept dates because of shyness.
- ___ 3. When the food served at a restaurant is not done to my satisfaction, I complain about it to the waiter or waitress.
- ___ 4. I am careful to avoid hurting other people's feelings, even when I feel that I have been injured.
- ___ 5. If a salesman has gone to considerable trouble to show me merchandise which is not quite suitable, I have a difficult time in saying "No".
- ___ 6. When I am asked to do something, I insist upon knowing why.
- ___ 7. There are times when I look for a good, vigorous argument.
- ___ 8. I strive to get ahead as well as most people in my position.
- ___ 9. To be honest, people often take advantage of me.
- ___ 10. I enjoy starting conversations with new acquaintances and strangers.
- ___ 11. I often don't know what to say to attractive persons of the opposite sex.
- ___ 12. I will hesitate to make phone calls to business establishments and institutions.
- ___ 13. I would rather apply for a job or for admission to a college by writing letters than by going through with personal interviews.
- ___ 14. I find it embarrassing to return merchandise.

- ___ 15. If a close and respected relative were annoying me, I would smother my feelings rather than express my annoyance.
- ___ 16. I have avoided asking questions for fear of sounding stupid.
- ___ 17. During an argument I am sometimes afraid that I will get so upset that I will shake all over.
- ___ 18. If a famed and respected lecturer makes a statement which I think is incorrect, I will have the audience hear my point of view as well.
- ___ 19. I avoid arguing over prices with clerks and salesmen.
- ___ 20. When I have done something important or worthwhile, I manage to let others know about it.
- ___ 21. I am open and frank about my feelings.
- ___ 22. If someone has been spreading false and bad stories about me, I see him (her) as soon as possible to "have a talk" about it.
- ___ 23. I often have a hard time saying "No."
- ___ 24. I tend to bottle up my emotions rather than make a scene.
- ___ 25. I complain about poor service in a restaurant and elsewhere.
- ___ 26. When I am given a compliment, I sometimes just don't know what to say.
- ___ 27. If a couple near me in a theatre or at a lecture were conversing rather loudly, I would ask them to be quiet or to take their conversation elsewhere.
- ___ 28. Anyone attempting to push ahead of me in line is in for a good battle.
- ___ 29. I am quick to express an opinion.
- ___ 30. There are times when I just can't say anything.

APPENDIX C

Posters for Study II subject recruitment

FREE FILM VIEWING EXPERIENCE

to evaluate and rate other people's social behavior
and, perhaps, learn something about yourself in less
than 15 minutes.

Come to room _____. Today may be your only opportunity.

APPENDIX D

Personality Rating Form

PERSONALITY RATING FORMInstructions:

You will be viewing 3 different scenes of individuals interacting socially. Prior to each scene presentation you will be instructed to read a general description of that scene. While viewing the scene, please observe the actors'/actresses' reactions to the situation very carefully in order to best be able to answer the questions appearing on the same page as that of the scene description.

Scene 1:

A person is being evaluated by a psychologist on an intelligence test emphasizing speed. The psychologist is constantly interrupting this person with helping comments. As a result, this person is hampered in taking the test.

Behavioral Evaluation:

1. How assertive did the person taking the test appear to be?

Not at all assertive Moderately assertive

Somewhat assertive Very assertive

2. How appropriately did this person act?

Not at all appropriate Moderately appropriate

Somewhat appropriate Very appropriate

3. How comfortable did the person taking the test appear to be?

Not at all comfortable Moderately comfortable

Somewhat comfortable Very comfortable

4. How anxious did the person taking the test appear to be?

Not at all anxious Moderately anxious

Somewhat anxious Very anxious

5. How confident did the person taking the test appear to be?

Not at all confident Moderately confident

Somewhat confident Very confident

Scene 2:

A person needs some forms signed by an important administrator. In signing these forms, the administrator borrows the person's pen, and then, rather than return it, put the pen away in his own pocket.

Behavioral Evaluation:

1. How assertive did the person whose pen was taken appear to be?

Not at all assertive Moderately assertive
 Somewhat assertive Very assertive

2. How appropriately did this person act?

Not at all appropriate Moderately appropriate
 Somewhat appropriate Very appropriate

3. How comfortable did the person whose pen was taken appear to be?

Not at all comfortable Moderately comfortable
 Somewhat comfortable Very comfortable

4. How anxious did the person whose pen was taken appear to be?

Not at all anxious Moderately anxious
 Somewhat anxious Very anxious

5. How confident did the person whose pen was taken appear to be?

Not at all confident Moderately confident
 Somewhat confident Very confident

Scene 3:

A person was hired to do 15 hours of work, part-time. In arriving, the person finds out that he/she is expected to do 16 hours of work.

Behavioral Evaluation:

1. How assertive did the person who was hired appear to be?

___ Not at all assertive ___ Moderately assertive
 ___ Somewhat assertive ___ Very assertive

2. How appropriately did this person act?

___ Not at all appropriate ___ Moderately appropriate
 ___ Somewhat appropriate ___ Very appropriate

3. How comfortable did the person who was hired appear to be?

___ Not at all comfortable ___ Moderately comfortable
 ___ Somewhat comfortable ___ Very comfortable

4. How anxious did the person who was hired appear to be?

___ Not at all anxious ___ Moderately anxious
 ___ Somewhat anxious ___ Very anxious

5. How confident did the person who was hired appear to be?

___ Not at all confident ___ Moderately confident
 ___ Somewhat confident ___ Very confident

APPENDIX E

Fear of Negative Evaluation Scale (FNE)

(Watson and Friend)
1969

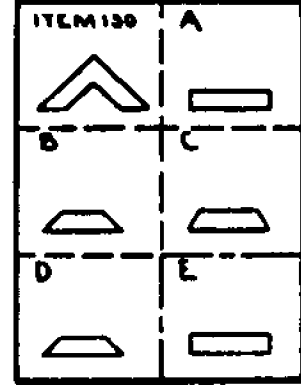
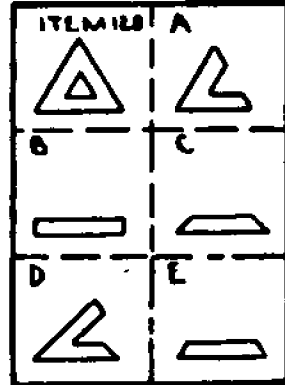
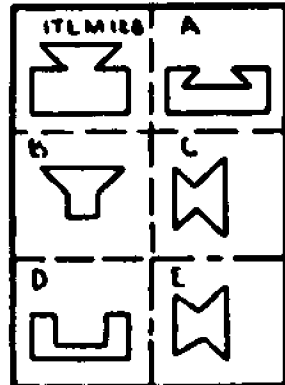
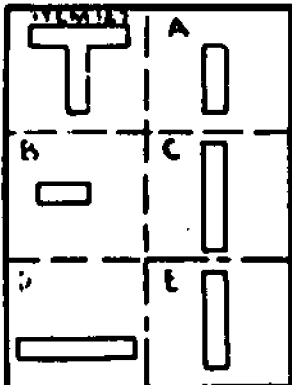
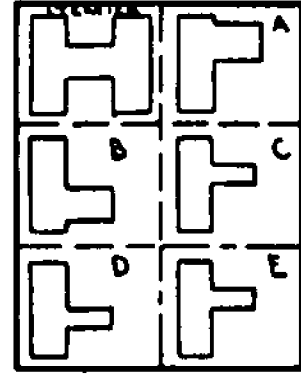
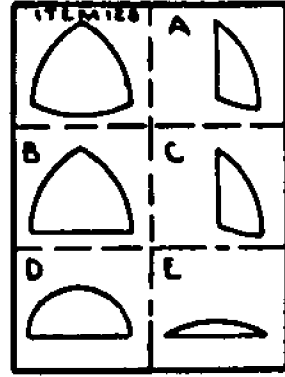
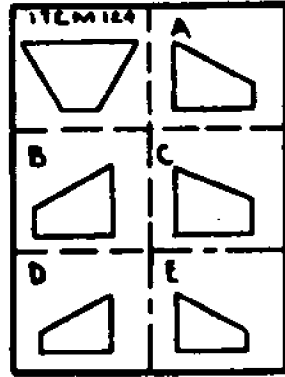
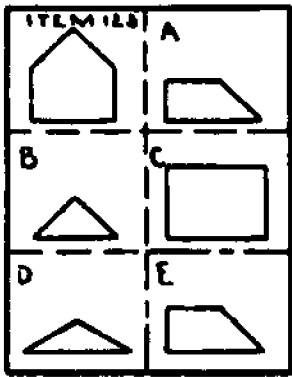
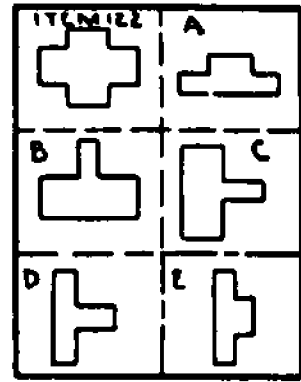
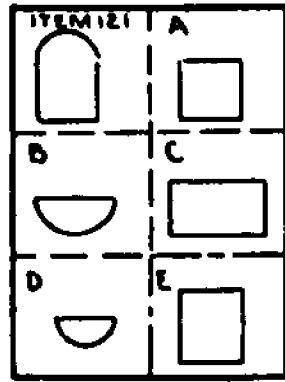
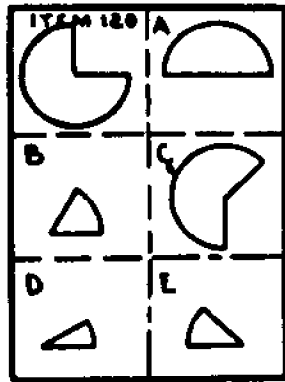
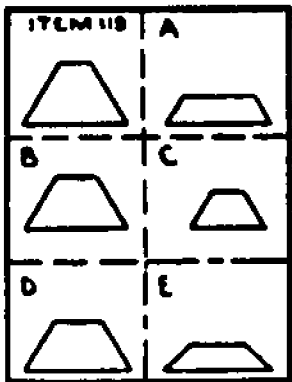
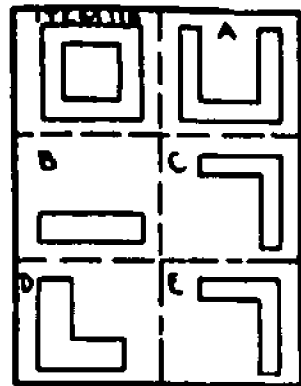
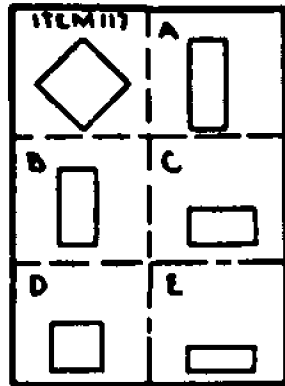
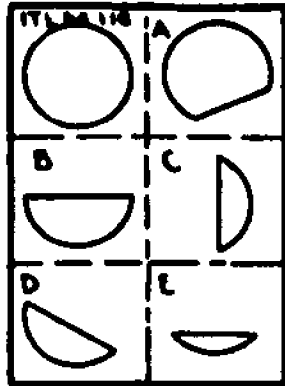
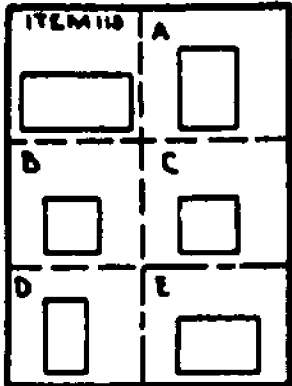
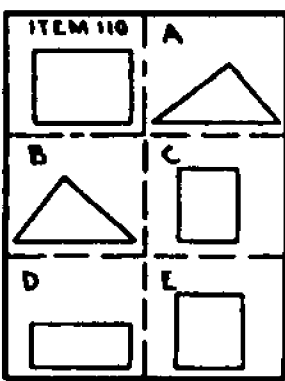
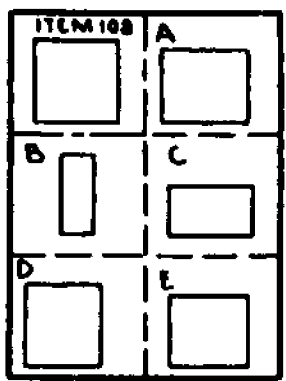
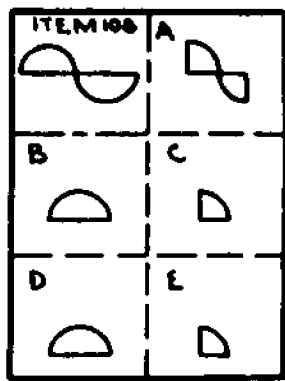
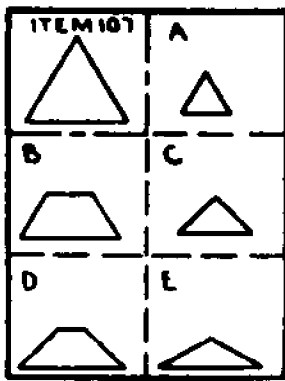
Directions: Read each item carefully and indicate how characteristic it is of you by writing either True (T) or False(F) before each item.

- ___1. I rarely worry about seeming foolish to others.
- ___2. I worry about what people will think of me even when I know it doesn't make any difference.
- ___3. I become tense and jittery if I know someone is sizing me up.
- ___4. I am concerned even if I know people are forming an unfavorable impression of me.
- ___5. I feel very upset when I commit some social error.
- ___6. The opinions that important people have of me cause me little concern.
- ___7. I am often afraid that I may look ridiculous or make a fool of myself.
- ___8. I react very little when other people disapprove of me.
- ___9. I am frequently afraid of other people noticing my shortcomings.
- ___10. The disapproval of others would have little effect on me.
- ___11. If someone is evaluating me I tend to expect the worst.
- ___12. I rarely worry about what kind of impression I am making on someone.
- ___13. I am afraid that others will not approve of me.
- ___14. I am afraid that people will find fault with me.
- ___15. Other people's opinions of me do not bother me.
- ___16. I am not necessarily upset if I don't please someone.
- ___17. When I am talking to someone, I worry about what they may be thinking about me.

- ___18. I feel that you can't help making social errors some-
times, so why worry about it.
- ___19. I am usually worried about what kind of impression
I make.
- ___20. I worry a lot about what my superiors think of me.
- ___21. If I know someone is judging me, it has little
effect on me.
- ___22. I worry that others will think I am not worthwhile.
- ___23. I worry very little about what others may think of me.
- ___24. Sometimes I think I am too concerned with what other
people think of me.
- ___25. I often worry that I will say or do the wrong things.
- ___26. I am often indifferent to the ipinions others have
of me.
- ___27. I am usually confident that others will have a favorable
impression of me.
- ___28. I often worry about the opinions my friends have
about me.
- ___29. I often worry that people who are important to me
won't think very much of me.
- ___30. I become tense and jittery if I know I am being
judged by my superiors.

APPENDIX F

Spatial Relations Test



APPENDIX G

Speech Anxiety Indicators

**TIMED BEHAVIORAL CHECKLIST FOR
PERFORMANCE ANXIETY**

Rater..... Name.....

Date..... Speech No..... I.D.....

Behavior Observed	Time Period								Σ
	1	2	3	4	5	6	7	8	
1. Paces									
2. Sways									
3. Shuffles Feet									
4. Knees Tremble									
5. Extraneous Arm and Hand Movement (swings, scratches, toys, etc.)									
6. Arms Rigid									
7. Hands Restrained (in pockets, behind back, clasped)									
8. Hand Tremors									
9. No Eye Contact									
10. Face Muscles Tense (drawn, tics, grimaces)									
11. Face "Deadpan"									
12. Face Pale									
13. Face Flushed (blushes)									
14. Moistens Lips									
15. Swallows									
16. Clears Throat									
17. Breathes Heavily									
18. Perspires (face, hands, armpits)									
19. Voice Quivers									
20. Speech Blocks or Stammers									

Comments:

Σ Σ

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Scoring Key

RAS: Reverse signs of the items specified below, and then add up across all items algebraically. Perfect assertive score is +90.

Reversal items: 1,2,4,5,9,11,12,13,14,15,16,17,19,23,24,26,30.

FNE: The following responses indicate extreme Fear of Negative Evaluation: F1, T2, T3, F4, T5, F6, T7, F8, T9, F10, T11, F12, T13, T14, F15, F16, T17, F18, T19, T20, F21, T22, F23, T24, T25, F26, F27, T28, T29, T30.

Spatial Relations Test: Correct answers:

107--A,B	116--A,E	121--A,D	126--C,D;D,E;C,E
108--B,D	117--C,E	122--A,E	127--A,E
109--B,E	118--C,E	123--A,E	128--A,C
110--A,B	119--A,C	124--D,E	129--A,E
115--B,C	120--C,E	125--B,E	130--B,D

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