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ASSERTIVENESS TRAINING AND ITS RELATIONSHIP TO PSYCHOLOGICAL ANDROGENY:
A BEHAVIORAL TECHNIQUE TOWARD A HUMANISTIC GOAL

by
Karen Beth Mashkin

A Dissertation Submitted to the Faculty of the
DEPARTMENT OF PSYCHOLOGY
In Partial Fulfillment of the Requirements
For the Degree of
DOCTOR OF PHILOSOPHY
In the Graduate College
THE UNIVERSITY OF ARIZONA

1976
I hereby recommend that this dissertation prepared under my direction by Karen Beth Mashkin entitled Assertiveness Training and Its Relationship to Psychological Androgeny: A Behavioral Technique Toward a Humanistic Goal be accepted as fulfilling the dissertation requirement of the degree of Doctor of Philosophy.

Peter Matlin 7/19/76
Dissertation Director  Date

After inspection of the final copy of the dissertation, the following members of the Final Examination Committee concur in its approval and recommend its acceptance:*

Dennis L. Clark 7/19/76
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Karen B. Mashkin
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ABSTRACT

Sharply differentiated sex-roles have recently been acknowledged as severely limiting growth potential and often lead to conflicts underlying clinical symptomatology. The technique of assertive training has been proposed as one method of loosening sex-role stereotyping bonds by promoting the performance of previously inhibited or unlearned behaviors. The present study was conducted to empirically investigate the efficacy of group assertiveness training for increasing assertive behaviors and promoting greater sex-role adaptability or psychological androgeny. Eighty subjects were randomly assigned to either an assertiveness training condition or a comparison-control condition. Both conditions were comprised of four groups with ten subjects in each group and eight randomly assigned leaders. They met in two-hour sessions over four weeks. Subjects and leaders in the assertiveness training condition showed significantly greater increases in assertiveness than control leaders or subjects based on pre-post difference scores of two self-report measures. Subjects and leaders in the assertiveness training condition showed significantly greater changes than control members on the measure of androgeny. However, these changes were not representative of greater flexibility but rather of a move toward masculinity with simultaneous rejection of feminine endorsements. The inclusion of empathy statements into assertiveness was suggested as a method of increasing both feminine and masculine attribute dimensions. Further implications were elaborated.
INTRODUCTION

Sex-role conflict has recently been seen as underlying major symptoms in female and male patients (Kohlberg 1966, Chesler 1971, Greer 1971, Symonds 1971, Weisstein 1971, Fodor 1974). More specifically, conflict over adherence to strict sex-roles has been seen as underlying such pathological conditions as depression (Bart 1971, Moulton 1973), frigidity (Brown 1966, Masters and Johnson 1970, Moulton 1972), phobias (Symonds 1971, Fodor 1974), as well as hysteria and neurasthenia (Chesler 1971, Phillips and Segal 1969) in women. Within a non-clinical population, sharply differentiated sex-roles have been acknowledged as severely limiting individual development, actualization of potential growth, creativity, and the capacity for satisfying relationships with adequate empathy and open communication (Neurlinger 1968, Broverman et al. 1970, Bem 1972, Coan 1974).

Traditional psychotherapy techniques have been viewed as inadequate for reducing such conflict. Traditional therapists have even been suspected of furthering the problem by either (1) continuing to function with a Freudian or neo-Freudian model of sex-role development, or (2) holding a vested interest in maintaining a relationship of "benevolent superior" doctor to "dependent inferior" patient. The Broverman et al. (1970) study supports the view that therapists are influenced by stereotypes of sex-roles and utilize them in their working
definitions of what is mentally "healthy." In their study, 79 actively functioning clinicians were asked to complete a sex-role questionnaire relating to traits representing healthy male, healthy female, and healthy adult (sex unspecified) behaviors. They found that behaviors and characteristics judged as an ideal standard of health for an adult, sex unspecified, did not differ significantly from concepts of a healthy mature male but did differ from what was considered a healthy mature female. The ideal "healthy" woman was seen as differing from the healthy man by being "more submissive, less independent, less adventurous, more easily influenced, less aggressive, more excitable in minor crises, and having their feelings more easily hurt" (Broverman et al. 1970, p. 5). As the authors remark, "This constellation seems a most unusual way of describing any mature, healthy individual" (Broverman et al. 1970, p. 5).

This author agrees with the conclusions of the Broverman et al. (1970, p. 5) study that "the cause of mental health may be better served if both men and women are encouraged toward maximum realization of individual potential, rather than an adjustment to existing restrictive sex-roles."

One method that has been proposed to aid individuals in reducing sex-role stereotypes by promoting the performance of inhibited behaviors or previously unlearned behaviors is the technique of assertiveness training. The focus of assertiveness training is to foster an individual's ability to exhibit behaviors that are appropriate to any specific situation rather than appropriate to a masculine or feminine stereotype (Alberti and Emmons 1974). This includes aiding the expression of
tenderness and positive feelings as well as resentment and negative feel­
ings. To date little research has been done to empirically investigate
the use of assertiveness training for loosening sex-role stereotyping
bonds. Although the technique is gaining popularity among women's
groups, its function in producing desired behavioral gains has not been
experimentally investigated. One exception to the lack of research in
this domain is the work of Fodor (1972a, 1972b, 1974). However, her
work is composed largely of case studies to demonstrate the efficacy of
various behavioral techniques on reducing sex-role conflict and improving
general life functioning in her female patients. She makes no reference
to male patients whose behavior may likewise be limited and distressing
due to adherence to the masculine stereotypic role, i.e., too aggressive
or unable to express feelings or unable to fulfill an assumed obligation
as provider, etc. The present study attempted to assess the effective­
ness of group assertive training in producing more assertive behavior
and in producing desirable behaviors for both men and women that are be­
yond the confines of stereotypic masculinity and femininity.

The Technique of Assertiveness Training

The technique of assertiveness training involves direct training
to subjects with deficiencies in their social or interpersonal behaviors,
such as nonassertive individuals or overly aggressive individuals (Rimm
et al. 1974). Specific procedures employed involve role playing (Kelley
1955), hierarchical presentation of stimulus situations, operant shaping
by the therapist, role reversal (Wolpe and Lazarus 1966), modeling
(Bandura 1969), and feedback on nonverbal communications (Serber 1972).
The technique most frequently employed in assertiveness training is that of behavioral rehearsal, in which the therapist plays the role of someone to whom the client reacts with anxiety in real life. The client is instructed to describe a typical interaction with this person and then play it out in an uninhibited assertive manner. A sequence from the least to most demanding situations is enacted until the client can enact the scene in a comfortable and appropriately assertive manner. The therapist can act as a model to demonstrate appropriate ways of dealing with the person and when done in a group the other members give feedback to the client on nonverbal cues and patterns of communication he may be unaware of, as well as his progress in performing the new behaviors. The group and therapist act as a source of positive reinforcement in the event proper behaviors are emitted. A number of studies have been done investigating the relative contributions of each of the above-mentioned components of assertiveness training to its over-all effectiveness (McFall and Marston 1970; Friedman 1971; McFall and Lillesand 1971; Eisler, Hersen and Miller 1973; Eisler, Miller and Hersen 1973).

Theory of Assertiveness Training

The theoretical basis for assertiveness training originated with Salter's (1949) formulations of an inhibitory process in socialization that he saw as parallel to the conditioned reflex model of Pavlovian theory. Wolpe (1969) set forth a reciprocal inhibition model of the curative aspects of assertive training. Since anxiety is postulated to inhibit the expression of appropriate feelings and the performance of adaptive acts, each time assertive responses are made, they reciprocally
inhibit anxiety and weaken the anxiety response habit (Wolpe and Lazarus 1966). In more recent writings, Wolpe (1969, 1970) has acknowledged the influence of operant conditioning (shaping and reinforcement) during assertiveness training. Wolpe's theory suggests that anxiety inhibits interpersonal responsiveness. This implies that the nonassertive individual already knows the necessary behavior but, due to anxiety, is unable to perform. However, more recent clinical and experimental reports (Eisler, Miller and Hersen 1973; Eisler, Hersen and Miller 1973; Laws and Serber 1971), data indicate that for many individuals who fail to evidence appropriate interaction in interpersonal settings the relevant verbal and nonverbal responses have never been learned. In these cases where behaviors may not already be in the individuals' repertoire, modeling techniques would be essential.

Experimental Studies on Assertiveness Training

The effects of assertive training and its component techniques have been examined in a number of group analogue and clinical outcome studies. Lazarus (1966) conducted the initial study in which efficacy of four 30-minute sessions of behavior rehearsal, direct advice, and nondirective therapy were compared with respect to improvement in the management of interpersonal difficulties. Results indicated that the behavior rehearsal condition led to the greatest change, then followed by the direct advice and nondirective groups. Although specific criteria for improvement were designated, the author administered treatment for the three groups in addition to making the evaluations of success.
Lazarus (1966) acknowledges "the possibility of experimenter bias," but argues that the superiority of behavior rehearsal is predicted on a theoretical basis.

McFall and Marston (1970) compared the effects of behavior rehearsal (performance and no performance feedback) with placebo therapy and a no-treatment control. The results revealed that the two behavioral techniques were significantly better than the two control procedures on behavioral (semiautomated role-playing task), self-report (Wolpe-Lazarus Assertiveness Questionnaire), psychophysiological (pulse rate), and in vivo (resistance to high pressure telephone salesman) measures of assertion. The addition of performance feedback appeared to enhance improvement but not at a significant level. It should be noted that significant differences were found on these measures only when data from the two experimental and two control conditions were combined and then compared. It may be argued that their in vivo measure was inadequate as resistance to a high pressure telephone salesman does not involve direct personal contact and the situation is impersonal and probably not relevant to the majority of subjects whose difficulties in asserting themselves involved family members, friends or authority figures.

Eisler, Hersen and Miller (1973) compared modeling, practice-control and test-retest groups on several verbal and nonverbal dimensions of assertiveness (response latency, loudness and duration of speech, affect, compliance intent, and requests for changes in partners' behavior). Pre-post differences were obtained in this analogue study by videotaping subjects' responses to five standard interpersonal situations.
requiring assertive responses. Psychiatric subjects in the modeling condition were exposed to a videotaped model who was trained with respect to appropriate verbal and nonverbal responses in the five interpersonal situations. Subjects in the practice-control condition received an equal number of intervening trials but without the benefits of videotaped exposure. The results showed that significant pre-post differences on five of the eight components of assertiveness were obtained for the modeling condition when compared with the two control procedures. With respect to the absence of change in the practice-control group, it was concluded that "in cases where response deficits exist (lack of assertiveness), repeated exposure to the difficult situation does not change the behavior" (Eisler, Hersen and Miller 1973, p. 6).

Although studies employing assertive procedures in a group setting have appeared in the literature, results are less impressive than those reported for analogue studies, perhaps because group outcome studies have tended to be weaker methodologically. For example, Lomont et al. (1969) compared the efficacy of group assertion therapy with group insight therapy with psychiatric inpatients. The MMPI and Leary Interpersonal Checklist were used as measures of improvement with the former showing a greater decrease in "pathology" for assertive subjects than for subjects in the insight-control group. However, there are several problems with this study. Not only were no behavioral measures used, but there was not even a direct measure of assertiveness of a self-report nature. Another problem is that nonspecific treatment effects were not adequately controlled for as the assertion group worked in
subgroups of threes while the insight group worked as a whole unit. Also patients in both groups were involved to varying degrees with other therapies during the treatment, introducing confounding of multiple treatment effects. In light of such criticisms, this study lacks internal validity and cannot provide sufficient evidence for or against the efficacy of assertive training.

Rathus (1972) compared efficacy of assertive training and a discussion procedure with unassertive college females using a group treatment approach. Subjects received seven sessions of treatment in each of the two groups. In the assertive training group subjects practiced tasks. In the group discussion condition subjects met with the experimenter and reviewed the nature, acquisition, and elimination of fear. Pre-post differences on the Rathus Assertiveness Scale indicated that assertive training subjects reported significantly greater gains than discussion or no treatment control subjects. However, methodologically there are two major problems with this study. First, subjects were drawn from the experimenter's own classes. Second, the experimenter served as therapist for both experimental groups. Thus, when the issues of experimental demand and experimenter bias are considered, the conclusions that can be drawn from this experiment are limited. In addition, judgments of over-all assertiveness made by independent judges (subjects' videotaped responses to situations requiring assertiveness) failed to differentiate the groups at a statistically significant level. In a subsequent study, Rathus (1973a) compared the effects of assertive training, placebo therapy, and no treatment. Subjects in the assertive
training group evidenced significantly greater pre-post changes on the Rathus Assertiveness Scale than those in the placebo and no treatment conditions. In addition, independent judgments of subjects' over-all assertiveness, based on audiotaped question-and-answer sessions, confirmed the superiority of the assertive training group. However, as in the previous study (Rathus 1972), subjects were drawn from the experimenter's classes and treatment for both experimental conditions was provided by the same experimenter.

Hedquist and Weinhold (1970) examined the efficacy of two methods of behavioral group counseling for socially anxious and unassertive college students. Subjects in the behavior rehearsal group engaged in role playing, bolstered by modeling and coaching on the part of the therapist. In the social learning group the leader's task involved modeling a method for problem solving. Subjects in this group were required to carry out prescribed tasks in their natural environment. The control condition consisted of group discussions centered on teaching and interpersonal process. The dependent measure selected for study was the subject's self-report of instigating verbal assertive responses. Results indicated the superiority of the two behavioral groups, but these differences were no longer significant at the two-week followup. Despite the poor followup results this is an important study for its novel approach to assessment. Subjects kept an interpersonal diary for assessing improvement in those situations that they had indicated as most distressing for them prior to treatment. This affords personal relevancy of material and the requirement of listing time, place, person
and reactions in the diary allows a validity check unavailable with other self-report measures.

Galassi, Galassi and Litz (1974) evaluated the effects of group assertive training using videotaped feedback. The study is novel in its use of a quasi-Solomon experimental design and makes use of multiple-measure assessment of change. Significantly better performances by treatment as opposed to control subjects were found on both self-report and three of four behavioral measures employed. However, two problems in this study make it impossible to assess specific effects of assertive training with videotape feedback. One is the lack of information concerning control groups. The authors do not say if controls met as a group or if they did nothing but participate in the pre- or post-taping sessions. If they did not meet, then the effects of just meeting and interacting in a group are uncontrolled so that nonspecific treatment effects are confounded with specific treatment effects. Second, the pre-taping test was found to produce a significant effect on two of the dependent variables (anxiety and assertive content), and so assessment is confounded with effect. It is impossible to conclude how much of the improvement is due to treatment effects, and how much is due to exposure and comfort with taping procedures.

With the exception of the study reported by McFall and Marston (1970) the issues of generalization of treatment effects and transfer of training into different contexts have received little attention in the research. Percell (1974) investigated whether group assertive training would increase self-esteem and reduce general level of anxiety as well as
teach assertive skills. In his study, 24 patients were assigned to either an assertive training group or a relationship-control group for eight sessions. Subjects in the assertive training group were found to show significant increases in assertiveness, self-acceptance and significant decreases in anxiety relative to controls.

Rimm et al. (1974) provide one of the few investigations utilizing group assertive training in providing effective alternatives to subjects responding in an aggressive rather than timid manner. On behavioral ratings of assertion and comfort, subjects in the assertive condition showed significantly greater improvement than subjects in the discussion-control group. Results on the global self-report inventory employed, although in the predicted direction, did not reveal a statistically significant difference between groups on pre-post difference scores. The Rotter Internal-External Locus of Control Scale was included to see if assertive training provided subjects with a basis for viewing control as emanating from within. The measure did not yield any group differences. The authors explain the lack of findings on the self-report inventory as consistent with previous findings concerning the highly situation specific effects of assertive training. They retrospectively view the Rotter I-E Scale as a measure of generalization rather than treatment effects and conclude that the lack of expected results on this measure is therefore not surprising as it is not directly related. Considering the relatively small n and the lack of followup, this study provides only supportive evidence for the value of group assertive training and suggestive evidence of assertive training as an
effective means for dealing with anger that typically leads to bel­
ligerent aggression. The authors offer an explanation for their novel
finding that assertion training led to a reduction in anger for their
aggressive subjects. They speculate that in target situations, subjects' ini­
ental responses prior to treatment was anxiety which was suppressed by
generating feelings of anger. Following treatment subjects could then
deal with such anxiety by behaving assertively, thus eliminating the need
for anger.

In a contrasting study, Holmes and Horan (1976) selected sub­
jects for "shyness" and passivity comparing outcomes from placebo
counseling (a Rogerian format), standard assertion training (behavioral
rehearsal, modeling, and social reinforcement), and assertion training
incorporating anger induction (subjects encouraged to vent anger). The
authors felt that anger would directly block the anxiety that inhibits
assertive responses and that anger induction procedures might enhance the
effectiveness of assertion training programs as a gradual extinction of
anxiety would be unnecessary. Results indicated that the standard
assertiveness method was superior as measured by a self-report inventory
(Rathus Assertiveness Schedule). However, the anger induction method
was most beneficial on one of four behavioral ratings. The behavioral
ratings were based on responses to (1) a notebook request, (2) with­
holing a promise, (3) volunteer solicitation, and (4) receiving a compliment.
The authors report low interrelationships among their measures and con­
clude that assertiveness may well be situation specific with clients' fail­
ures to display assertive behaviors related to highly "diverse and
idiosyncratic situations. While this is clearly an important issue throughout the literature, it is also possible that their behavioral ratings based on refusal requests and volunteer solicitation do not necessarily measure assertiveness but rather reflect the subject's attitude and motivation concerning the requests, other client characteristics, or situational factors in the natural environment. Such crude behavioral measures do not seem to be based on clearly specified and operationalized behavioral components of an assertive response.

Flowers and Goldman (1976) provide one of the few investigations into assertion training of counselors. Their hypothesis that counselors trained for ten sessions in assertion training would demonstrate increased assertiveness and would clarify counselees' problems better than counselors not so trained was supported by results on the Rathus Assertiveness Schedule, and by counselor effectiveness measures (ratings from tapes on problem, goal, and operational clarity). This is a novel study as the training of assertiveness counselors, and their resulting effectiveness with counselees has been previously ignored in the experimental literature.

**Psychological Androgeny**

There is an emerging trend in psychological literature to challenge the assumptions which have guided previous research on sex roles (Bem 1972, Broverman et al. 1970, Volgy 1974). Until recently, sex-role inventories treated masculinity and femininity as two ends of a single continuum that were, by definition, mutually exclusive and inversely correlated. A strong and consistent sex-role identification
was assumed to be a necessary facet of the development of the psychologically healthy male or female.

Interest in the field of sex-role differentiation has been spurred by the feminist movement and arises in response to the argument that our current system of sex-role differentiation has long outlined its utility and that it now serves only to prevent both men and women from developing as complete human beings. The argument proposes that the "healthier" person is not one who has been socialized to conform to outdated standards of masculinity and femininity, but rather a person who is psychologically "androgynous." That is, able to be both stereotypically masculine or feminine depending upon the situational appropriateness of these various behaviors. This position advocates flexibility and choice over rigidity and acceptance.

A massive problem in this area involves definitions: what is masculine and what is feminine stereotypic behavior? As these stereotypes change is there an adequate manner of reflecting these changes in our research techniques? Even with the recent surge of literature attempting to examine sex-role adaptability, sex-role identification is still ill-defined and its merits questionable. While investigators have agreed that there are some differences between men and women (for example differences in dependency, aggression and affiliation) there has been little agreement on the reasons for such differences, the definition of these differences, or the measurement of these assumed differences (Maccoby 1966, Coan 1974). After a lengthy review of the area, Bielauskas (1965, p. 256) concluded, "there was little agreement
on the meaning of the concepts of masculinity and femininity," the mean-
ing appears to depend upon "cultural interpretation" and the "particular phase of history in which one lives."

At this point, some basic definitions would be helpful. Sex-
role identification is considered under the general area of self-concept and is differentiated from sex-role preference and sex-role adaptation. Sex-role preference usually refers to the conscious desire to adopt the behavior associated with one sex or the other, or the perception of such behavior as preferable or socially desirable. Sex-role adoption refers to the actual adoption of behavioral characteristics of one sex or the other, not simply the desire to adopt such behavior. Sex-role adoption appears to be similar to the social learning concept of identification presented by Mischel (1966) who states that what is labeled as "identification" in personality theories is actually "observational learning" in social learning theory terms, or "imitation" in experimental psychology. Both imitation and identification refer to the tendency for a person to reproduce the actions, attitudes, and emotional responses exhibited by "real life or symbolic models" (Mischel 1966, p. 57). These distinctions are important as much of the current literature dealing with sex-role identification and stereotypic sex-role behaviors may actually be dealing with preference or imitative behavior. Indeed, it has not been adequately demonstrated experimentally that the internal process of identification as it is used in psychoanalytic literature truly does exist.
In attempting to redefine and clarify identification with one's own sex, a phenomenon that has been labeled as an unconscious process necessary to normal sexual development, the social learning paradigm seems a more appropriate explanation and description. The process can be more adequately and parsimoniously explained when seen as a process identical to imitative learning. This explanation relies on the reinforcement history of the individual and makes no value judgments about cross-sex behavior, allowing for the possibility of children being raised without adherence to rigid sex-role stereotypes in the name of promoting "normality" and "adjustment."

Social Learning Paradigm of Sex-role Differentiation

Mischel (1966, p. 56) defines sex-typed behaviors as "behaviors that typically elicit different rewards for one sex than for the other." Sex-typed behaviors then, tend to have different values and to occur with different frequencies for the two sexes due to this differential reinforcement. Sex typing is postulated to be a three-stage process whereby the individual acquires sex-typed behavior patterns (Mischel 1966). First, the child learns to discriminate between sex-typed behavior patterns. The next step involves generalizing from specific learning experiences to new situations. Finally, the child learns to perform the required sex-typed behaviors. During this process, a multitude of stimuli acquire differential value and elicit different emotional and attitudinal responses from the two sexes due to a process of direct and vicarious conditioning. "Appropriate" sex typing involves
inferences by another about the degree to which the individual performs behaviors that are considered typical of his/her own sex and the extent to which these behaviors have acquired value for him/her (Mischel 1966).

Observational learning (imitation) is the basic process in the acquisition of sex-typed behavior. Conditions that tend to facilitate imitation are numerous and elaborated by Bandura (1969). The following may serve as examples. A nurturant relationship between the observer (child) and the model (parent) facilitates imitation. The effectiveness of a model has been shown to be related to perceived power and willingness to reward. The degree to which children adopt a model's behavior is affected by the consequences to the model. Additionally, children will tend to imitate the behavior of an adult seen as most powerful, regardless of sex. Cross-sex imitation then is facilitated by perceived differences in power. Therefore, when females have less access to rewards and power than males, they may emulate male behavior to the degree that this cross-sex behavior is tolerated by those in the environment. Through this observational learning, boys and girls typically acquire (learn) many of the behaviors of both sexes. However, the consequences that occur when a child first attempts to perform sex-typed behaviors determines to a large degree their subsequent performance. The child will also generalize from these early experiences as to the appropriateness or inappropriateness of related or similar activities.

In the social learning paradigm proposed by Mischel (1966) and Bandura (1969) differences in the attitudes and emotional responses of each sex to various stimuli in their environment arise from differences
in their reinforcement histories through both direct or indirect (vicarious) conditioning. Rather than inferring intrapsychic activities or unconscious conflicts, this formulation searches out antecedent events to explain sex-role differentiation. Cognitions and values are seen as arising out of behavioral performance rather than the reverse.
PRESENT STUDY

The most important concept in relating sex-role differentiation as explained in social learning terms, to assertiveness training lies in the assumption that through observational learning, boys and girls typically acquire (learn) many of the behaviors of both sexes. However, the consequences that occur when a child first attempts to perform sex-typed behaviors, determines to a large degree their performance.

This raises the question of whether or not we can alter the degree of performance of sex-role behaviors, if we reverse their consequences in the treatment situation. In other words, if we can create situations to reinforce behaviors that were formerly inhibited by rigid sex-role differentiation, then their performance rate should be increased, hence an increase in sex-role adaptability which is identical to psychological androgeny.

The area of assertiveness training implies a similar underlying theoretical framework. However, there is no need to assume that an individual already has assertive responses in his repertoire but does not perform them due to a past negative reinforcement history. Even if these behaviors were never learned, they may be programmed in through the techniques of modeling and behavioral rehearsal. The consequences during practice sessions both within group sessions and outside are thought to be sufficient for changes in behavior. Higher
self-acceptance and lowered anxiety are also reported with an increase in assertive behavior following training (Percell 1974).

The purpose of the present study was to investigate the effectiveness of group assertiveness training in a "normal" college population of (a) the performance of assertive behaviors and (b) the promotion of greater sex-role adaptability or psychological androgeny.

The Rathus Assertiveness Schedule (Rathus 1973b), The Interpersonal Behavior Inventory (Lawrence 1969) and the Bem Sex-Role Inventory (Bem 1974) were administered as pre- and post-measures in assessing assertiveness and psychological androgeny respectively to those subjects in the assertiveness training condition and to those subjects in the comparison-control condition. Each of these conditions consisted of four groups with ten subjects in each. Each was led by a leader and co-leader who were administered the measures as well so that additional information would be collected. It was thought that assertiveness leaders, who had both the experience of being in a group as well as leading their own, would change more due to a "double exposure" effect. In all, there were 80 subjects, 40 in each condition, and 16 leaders, 8 in each condition.
METHOD

Subjects

There were two sets of students intended for comparison purposes. The first consisted of 16 volunteers who served as leaders and co-leaders for the lab groups of Psychology 216 classes at The University of Arizona, Tucson, in which all experimental subjects were enrolled. These students were allowed to act as leaders only after being accepted to fill such a position by the professor of the course, Dr. Peter Madison. They were all given three units of independent study for their efforts and trained to lead groups by Dr. Madison. These students functioned as experimenters in training lab members from the 216 class except that they, too, were administered the same questionnaires as all subjects. Leaders were randomly assigned to a group in either the assertiveness training condition or the comparison-control condition.

The experimental subjects consisted of 80 students enrolled in Psychology 216 who chose to enroll in the optimal personality laboratory available to members in that class. Of these 80 subjects, 40 were randomly assigned to the assertive training treatment comprised of four groups of ten each, and 40 were assigned to the comparison-control treatment also comprised of four groups with ten subjects in each. All groups met for four sessions.
Procedure

All of the subjects in the leader, assertiveness, and control groups were given the same collection of questionnaires to fill out before their experience as group leaders, assertive training members or comparison-control members began. They were required to fill out the same questionnaires after the four-week training period as well. However, all subjects exposed to assertiveness training were asked to fill out an additional questionnaire at the end of their training in an effort to gain qualitative information concerning their experience. The nature of the tests used and the rationale for using them will be discussed below in the instruments section.

Subjects in the leaders group engaged in two activities each week over the duration of the semester. They were all required to attend a once-a-week, two-hour session run by Dr. Madison for the purposes of training and supervision.

Subjects in the assertiveness condition were involved in assertive training procedures modeled after the system in Alberti and Emmons (1974). The procedures utilized in this treatment condition involved modeling, role-playing, behavioral rehearsal, group feedback on verbal and nonverbal communication, cues and reinforcement in the form of praise and support from both group members and therapists. Each member was given the opportunity to work on personal situations with two to three role-playing rehearsals for each situation. In the event that subjects offered no personal situations during a treatment session, leaders were instructed to supply a situation selected from a standardized list.
Subjects in the comparison-control condition were not exposed to any of the behavioral techniques utilized in the assertiveness condition. A Rogerian model was employed, characterized by a lack of structure from the leader and lack of technique other than reflective listening and expression of feeling (Rogers 1961). This type of treatment was thought to be a reasonable form of control group (Holmes and Horan 1976).

**Instruments**

As noted above, all subjects were required to take a group of questionnaires pre- and post-experience. They were also asked to include demographic data such as sex, age, major, and class.

The first questionnaire was the Rathus Assertiveness Schedule (Rathus 1973a). This test consists of 30 items and asks subjects to rate how characteristic each statement is of them on a six-point scale with no center point. Scores may vary from +90 to -90. The schedule is reported to have shown a moderate to high test-retest reliability \((r = .78; p < .01)\) and split-half reliability \((r = .77; p < .01)\). Validity in terms of the impressions respondents make on other people \((.33 < r's < .62; p < .01)\) and in terms of their indications on how they would behave in situations in which assertive, outgoing behavior can be used with profit \((r = .70; p < .01)\) is satisfactory. Item analysis showed that 27 of the 30 items correlate significantly with the total scale score and 19 of 30 correlate significantly with external criteria (Rathus 1973a).

The second questionnaire given was the Interpersonal Behavior Test developed by Lawrence (1969). The test is designed to measure
assertiveness and consists of 79 situations which call for an assertive response. The subject is asked to imagine himself present in each situation as vividly as possible and then select one response (out of four choices) which best approximates how he would respond in that situation. Only one response is considered to be assertive; the other three are thought to be either nonassertive or overly aggressive. Scores may vary from 0 to 79. There are both male and female forms of the test.

The third questionnaire given was the Bem Sex-Role Inventory (Bem 1974), designed to measure psychological androgeny. This inventory treats masculinity and femininity as two independent dimensions, thereby making it possible to characterize a person as masculine, feminine or androgenous as a function of the difference between his or her endorsement of masculine or feminine personality characteristics. The Bem Sex-Role Inventory (BSRI) asks a person to indicate on a 7-point scale how well each of 60 personality characteristics (of masculine, feminine, and neutral nature) describes himself. The scale ranges from 1 ("never or almost never true") to 7 ("always or almost always true") and is labeled at each point. On the basis of his responses, each person receives three major scores: a masculinity score, a femininity score, and an androgeny score. In addition, a social desirability score can also be computed.

The masculinity and femininity scores indicate the extent to which a person endorses masculine and feminine personality characteristics as self-descriptive. Masculinity equals the mean self-rating for all endorsed masculine items, and femininity equals the mean
self-rating for all endorsed feminine items. Both can range from 1 to 7. It will be recalled that these two scores are logically independent. That is, the structure of the test does not constrain them in any way, and they are free to vary independently.

The androgeny score reflects the relative amounts of masculinity and femininity that the person includes in his or her self-description, and as such, it best characterizes the nature of the person's total sex role. Specifically, the androgeny score is defined as student's t ratio for the difference between a person's masculine and feminine self-endorsement; that is, the androgeny score is the difference between an individual's masculinity and femininity normalized with respect to the standard deviations of his or her masculinity and femininity scores. The use of a t ratio as the index of androgeny—rather than a simple difference score—has two conceptual advantages: first, it allows discerning of whether a person's endorsement of masculine attributes differs significantly from his or her endorsement of feminine attributes and, if it does (/t/ > 2.025, df = 38, p < .05), to classify that person as significantly sex typed.

It should be noted that the greater the absolute value of the androgeny score, the more the person is sex typed or sex reversed, with high positive scores indicating femininity and high negative scores indicating masculinity. A "masculine" sex role thus represents not only the endorsement of masculine attributes but the simultaneous rejection of feminine attributes. Similarly a "feminine" sex role represents not only the endorsement of feminine attributes but the simultaneous rejection
of masculine attributes. In contrast, the closer the androgeny score is to zero, the more the person is androgenous. An "androgenous" sex role thus represents the equal endorsement of both masculine and feminine attributes.

The social desirability score indicates the extent to which a person describes himself in a socially desirable direction on items that are neutral with respect to sex. It is scored by reversing the self-endorsement ratings for the ten undesirable items and then calculating the subject's mean endorsement score across all 20 neutral personality characteristics. The social desirability score can thus range from 1 to 7, with 1 indicating a strong tendency to describe oneself in a socially undesirable direction and 7 indicating a strong tendency to describe oneself in a socially desirable direction.
SPECIFIC HYPOTHESES

Hypothesis 1

Leaders and subjects in the assertiveness condition will show significantly greater increases in assertive behavior as measured by scores on the Rathus Assertiveness Schedule (RAS) and the Lawrence Interpersonal Behavior Test (IBT) than will subjects or leaders in the comparison-control condition.

Sub-hypothesis A

Subjects in the assertiveness condition will show a significantly greater increase in assertiveness than subjects in the comparison-control condition.

Sub-hypothesis B

Leaders in the assertiveness condition will show a significantly greater increase in assertiveness than subjects in the comparison-control condition.

Sub-hypothesis C

Leaders in the assertiveness condition will show a significantly greater increase than subjects in the assertiveness condition on these same measures.
Hypothesis 2

Leaders and subjects in the assertiveness condition will show significantly greater sex-role adaptability as measured by the Bem Sex Role Inventory (BSRI) than will leaders or subjects in the comparison-control condition.

Sub-hypothesis A

Subjects assigned to the assertiveness condition will show a significantly greater increase in androgeny as measured by the BSRI than subjects in the comparison-control condition.

Sub-hypothesis B

Leaders assigned to the assertiveness condition will show a significantly greater increase in androgeny than subjects in the comparison-control condition.

Sub-hypothesis C

Leaders in the assertiveness condition will show a significantly greater increase in androgeny than will subjects in the assertiveness condition.
RESULTS

Statistical Analyses

The testing of hypotheses utilized a Completely Randomized A Priori Design (Kirk 1968), and a priori comparisons were examined with t tests of mean difference scores.

Description of Sample

As participation in the study was voluntary and 17 cases were discarded due to incomplete test forms, results are based on a total of 71 cases, 57 members and 14 leaders. Of the leaders, there were six males (43 percent) and eight females (57 percent); of the members, 22 males (39 percent) and 35 females (61 percent). Age ranges were distributed into the following classifications: 34 percent in the 17-21 age group, 38 percent in the 22-25 age group, 16 percent in the 26-30 age group and 12 percent in the over-30 age group. The majority of subjects (87 percent) were majoring in Liberal Arts and Social Sciences. With regard to class status, 15 percent were juniors, 66 percent were seniors and 19 percent were graduate students.

Assertive Measures

Results were obtained by analyzing amount of change (post-test score minus pre-test score) and then comparing mean difference scores for assertiveness group members and control group members, assertiveness
leaders and assertiveness members. Two measures of assertiveness were used, the Interpersonal Behavior Test (Lawrence 1969) and the Rathus Assertiveness Schedule (Rathus 1973a). The mean change scores for each classification (assertiveness subjects, assertiveness leaders, control subjects and control leaders) on the Interpersonal Behavior Test (IBT) and Rathus Assertiveness Schedule (RAS) are reported in Table 1.

A summary of mean difference score comparisons is reported in Table 2. Results indicate a significantly greater increase in assertiveness as measured by pre-post difference scores on the Interpersonal Behavior Test (IBT) for assertiveness group members versus control group members ($t = 3.857$, $df = 55$, $p < .0005$); assertiveness leaders versus control group members ($t = 2.326$, $df = 31$, $p < .025$); and assertiveness group members versus control leaders ($t = 3.753$, $df = 36$, $p < .0005$). Assertiveness leaders did not show a significantly greater increase than assertiveness group members on the IBT ($t = 1.654$, $df = 36$, $p > .05$).

Results from the Rathus Assertiveness Schedule (RAS) were consistent with the IBT. They are presented in Table 2. Assertiveness group members showed significantly greater gains in assertiveness as measured by mean difference scores on the RAS pre-post test than did control group members ($t = 4.84$, $df = 55$, $p < .0005$); assertiveness leaders showed greater gains than control members ($t = 5.02$, $df = 31$, $p < .0005$); and assertiveness members showed significantly greater increases than did control leaders ($t = 2.11$, $df = 36$, $p < .025$). However, there was no significant difference of difference scores for assertiveness leaders versus assertiveness subjects ($t = .043$, $df = 36$).
Table 1. Mean pre-post difference scores on self-report measures.

<table>
<thead>
<tr>
<th></th>
<th>IBT X Δ</th>
<th>RAS X Δ</th>
<th>BSRI Androgeny Score X Δ</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assertiveness</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Members</td>
<td>31</td>
<td>4.858</td>
<td>1.782</td>
</tr>
<tr>
<td>Control Group Members</td>
<td>26</td>
<td>1.094</td>
<td>.093</td>
</tr>
<tr>
<td><strong>Assertiveness</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Leaders</td>
<td>7</td>
<td>1.750</td>
<td>1.750</td>
</tr>
<tr>
<td>Control Group Leaders</td>
<td>7</td>
<td>-2.25*</td>
<td>-.25*</td>
</tr>
</tbody>
</table>

* Negative sign indicates decrement from pre to post-testing.
Table 2. Summary table for comparative differences in mean change on assertive measures.

<table>
<thead>
<tr>
<th>Test</th>
<th>df</th>
<th>MS Error</th>
<th>t-Ratio</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Interpersonal Behavior Test (IBT):</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assertiveness Members--Control Members</td>
<td>55</td>
<td>13.419</td>
<td>3.857</td>
<td>&lt;.0005*</td>
</tr>
<tr>
<td>Assertiveness Leaders--Control Members</td>
<td>31</td>
<td>1.558</td>
<td>2.326</td>
<td>&lt;.025**</td>
</tr>
<tr>
<td>Assertiveness Members--Control Leaders</td>
<td>36</td>
<td>20.511</td>
<td>3.753</td>
<td>&lt;.0005*</td>
</tr>
<tr>
<td>Assertiveness Leaders--Assertiveness Members</td>
<td>36</td>
<td>20.177</td>
<td>1.654</td>
<td>&gt;.05</td>
</tr>
<tr>
<td><strong>Rathus Assertiveness Schedule (RAS):</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assertiveness Members--Control Members</td>
<td>55</td>
<td>1.736</td>
<td>4.840</td>
<td>&lt;.0005*</td>
</tr>
<tr>
<td>Assertiveness Leaders--Control Members</td>
<td>31</td>
<td>.600</td>
<td>5.020</td>
<td>&lt;.0005*</td>
</tr>
<tr>
<td>Assertiveness Members--Control Leaders</td>
<td>36</td>
<td>2.657</td>
<td>2.110</td>
<td>&lt;.025**</td>
</tr>
<tr>
<td>Assertiveness Leaders--Assertiveness Members</td>
<td>36</td>
<td>3.157</td>
<td>.043</td>
<td>--</td>
</tr>
</tbody>
</table>
Androgeny Measure

The Bem Sex-Role Inventory (BSRI) yields a T-score designed to measure psychological androgeny. As stated previously, this score represents the difference between masculine and feminine self-endorsement. The closer the androgeny T-score is to zero, the more the person is considered androgenous. Scores to the left of zero (negative signs) represent more masculine trends and scores to the right (positive signs) represent feminine endorsement trends. In this sample all classification group means were within the range of androgeny (-2.025 > t < +2.025, df = 38, p < .05). Results are based on changes from zero (androgeny) and are reported in Table 3.

Assertiveness members changed significantly more than control members on the androgeny measure (t = 5.689, df = 55, p < .0005). However, this change was in the negative sign direction toward the masculine side of the androgeny limits and not closer toward zero of "pure" androgeny. The same pattern was true for assertiveness leaders who changed significantly more than control members on androgeny (t = 5.644, df = 31, p < .0005). The direction of change was toward masculinity not toward zero, although they remain within the androgeny range. No significant differences in change were found for assertiveness leaders as compared to assertiveness members or for assertiveness members as compared to control leaders.
Table 3. Summary table for comparative differences in mean change on BSRI-androgeny T-score.

<table>
<thead>
<tr>
<th></th>
<th>X Changes from 0</th>
<th>df</th>
<th>MS Error</th>
<th>t-Ratio</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assertiveness Members--Control Members</td>
<td></td>
<td>55</td>
<td>.049</td>
<td>5.689</td>
<td>&lt;.0005*</td>
</tr>
<tr>
<td>Assertiveness Leaders--Control Members</td>
<td></td>
<td>31</td>
<td>.118</td>
<td>5.644</td>
<td>&lt;.0005*</td>
</tr>
<tr>
<td>Assertiveness Members--Control Leaders</td>
<td></td>
<td>36</td>
<td>.108</td>
<td>1.146</td>
<td>--</td>
</tr>
<tr>
<td>Assertiveness Leaders--Assertiveness Members</td>
<td></td>
<td>36</td>
<td>.174</td>
<td>-2.73</td>
<td>--</td>
</tr>
</tbody>
</table>
DISCUSSION

Assertive Measures

Both leaders and subjects in the assertiveness training condition showed significantly greater increases in the assertive direction than did control leaders or control subjects on both the Interpersonal Behavior Test (IBT) and Rathus Assertiveness Schedule (RAS). Such results support earlier research concerning the efficacy of behavioral assertiveness training in a group setting (Hedquist and Weinhold 1970; Rathus 1973b; Pürcell, Berwick and Biegel 1974; Galassi et al. 1974; Rimm et al. 1974).

Caution must be utilized in drawing conclusions from these results as assessment of change in assertive behavior was based solely on self-report measures. The IBT and the RAS rely on the honesty of the subject and an ability to predict responses to hypothetical situations. It is unknown if subjects' actual behavior in a real life situation would match responses on a questionnaire of how they imagine they would behave.

Although support is lent to the conclusions that can be drawn from the utilization of self-report measures by (1) the literature reporting behavioral concordance with the specific questionnaires employed in this study, (2) a high correlation between the RAS and behavioral ratings by leaders, and (3) a concurring qualitative measure providing personalized situations, caution must still be used in interpreting results.
The literature lends support for concordance between these two particular self-report measures and more objective behavioral indices. Young, Rimm and Kennedy (1973) found that the IBT revealed the same pre-post differences as subjects behavioral responses to taped situations. Other studies finding concordance between the IBT and behavioral measures include Lawrence (1969), Percell et al. (1974), and Rimm et al. (1974). The Rathus Assertiveness Schedule (RAS) was found to correlate with behavioral ratings from acquaintances and ratings from taped responses to standard situations (Rathus 1973a). Flowers and Goldman (1976) found changes on the RAS to correlate with changes on behavioral measures of latency, loudness, and affect. Holmes and Horan (1976) found the RAS to correlate with one out of four behavioral measures employed in their study.

A second consideration when relying on self-report questionnaires for assessing increase in assertive behaviors stems from loss of information in using summed ratings. A repeated conclusion throughout the literature is that any assumption of the existence of a generalized response predisposition or trait of assertiveness is unwarranted. Rather assertiveness must be seen in terms of "behavioral specificity" (Mashkin 1975) and assessment should be geared toward discerning in which particular situations and with what stimulus class of people does the person behave nonassertively. Although standardized questionnaires may promote better research by enabling comparisons across studies, they have not yet been properly analyzed to answer such clinically meaningful questions.
One cannot get the data out of a summed score that is necessary to obtain information regarding specificity of situations and responses.

The data from this study confirms that this is a problem. In attempting to gain support for the self-report measures a behavioral rating of group members by leaders was made (Appendix A). The magnitude of correlation was significant with the RAS but not with the IBT. While the concordance with the RAS lends credence to its value in measuring assertive behaviors, the discrepancy with the ratings and the IBT suggests that they may be measuring different aspects of assertive responses. It may be that the sample of behaviors the leaders were exposed to and attended to in making their behavioral rating assessments was closer to those behaviors dealt with on the RAS than those of the IBT. The author agrees with the trend of stressing the importance of situational specificity in understanding assertiveness. Item analysis is suggested for future research as a means of providing the information necessary to discern if different aspects of assertiveness are being measured and what these aspects might be.

A third limitation of global questionnaires is their potential lack of highly relevant and personally meaningful specific situations. For example, a subject may have no difficulties asserting with waiters or professors, but may have a good deal of trouble asserting with a lover or parent. This might be a situation chosen to work on in the group training situation and yet even if there were marked improvement, there would be no pre-post differences on standardized questionnaire scores to take this adequately into account.
In an effort to ascertain information regarding specific personal situations that subjects wanted to improve on as well as information concerning how they actually handled these situations, a qualitative questionnaire was administered (Appendix A). Of the 86 percent of experimental subjects that did list personal situations or relationships in which they felt they wanted to become more assertive, less aggressive, or more readily express positive or negative feelings, 66 percent stated that they felt the group had helped them accomplish those goals and 11 percent stated that they felt the group had either partially helped or that it had helped with some of their listed situations but not all (Appendix A). This information lends further support for the efficacy of group assertiveness training in promoting assertive behaviors. However, the qualitative information is still a self-report measure.

Practical necessities of availability and economic considerations obviated the preferable use of multiple measurement procedures such as physiological response indices or programmed behavioral observation ratings from videotaped situations. To date most in vivo measures of assessing assertive behavior have consisted of refusal responses to requests by confederates (McFall and Marston 1970, Holmes and Horan 1976). However, such an in vivo measure has too much sensitivity to extraneous uncontrolled situational influences such as the subjects' cognitive attitude regarding the reasonableness of the request or situational factors in the subjects' life at the time of contact. A preferable method would be to have subjects' friends act as cohorts and unobtrusively rate subjects on assertiveness in specific situations.
arising spontaneously in the natural environment. However, this raises the ethical issues of confidentiality as well as the question of feasibility concerning on the spot observations.

The hypothesis that assertiveness leaders would show significantly greater gains in assertive behaviors than assertiveness group members was not supported. It was thought that the assertiveness leaders in this study would show greater gains than assertiveness subjects because they were exposed to assertiveness training twice. They were all in a training group themselves before leading training. Such a double exposure however did not have the expected powerful impact. It seems likely that a "ceiling effect" phenomena operates with assertiveness. That is, leaders were already assertive (Appendix B) and therefore may have reached a point of diminished increasing in assertiveness. However, as they did show greater gains than control leaders or control subjects some benefits from the treatment may be inferred. It seems likely that the realm of possible stimulus situations eliciting non-assertive behaviors was smaller for the leaders than for the group members. As such, the class of improvement areas would have been less for leaders than subjects.

Implications

One implication of these findings concerns amount of training time necessary to promote an increase in assertive behaviors. The question has never been directly addressed in the literature and the lack of consistency across studies is striking. The results of this study support the findings of Rimm et al. (1974), Winship and Kelley (1976),
and Percell (1974) that significant gains are possible within the time dimensions of four 2-hour sessions when participation in the role playing is fairly high (Appendix A), and personally relevant situations are utilized. Future research would benefit by systematically focusing on amount of participation and number of sessions most optimal in promoting assertive behaviors in specific kinds of situations.

Another implication of these findings is the need for future research to focus on the development of reliable assessment devices that will reveal information concerning specific distressing behaviors, characteristics of stimulus situations, and whether the lack of assertion in a particular situation is due to a behavioral deficit in the subjects' repertoire, or if it is due to anxiety suppressing the response. Item analysis of standardized questionnaires would be helpful for this. As results in this study concerning leaders versus members in the assertiveness condition suggest, the question of interaction between successful treatment and other subject characteristics has yet to be fully researched as well as the question of possible limits of differential response to treatment.

**Androgeny Measure**

It was hypothesized that the technique of assertiveness training would increase sex-role adaptability by promoting the performance of behaviors inhibited by rigid sex-role differentiation. The mechanism of change was thought to be the alteration of consequences during the treatment situation (reinforcement techniques). It was further thought that
unlearned behaviors related to rigid sex-roles would be taught through modeling procedures in the assertiveness treatment condition.

A significantly greater amount of change was found for both assertiveness leaders and members as compared to comparison-control subjects on the androgeny T-score of the Bem Sex-Role Inventory (BSRI). However, the directionality of change was not in the predicted direction. Rather than increasing adaptability, the data indicated a change toward increased masculine endorsement. It should be noted that androgeny represents an equal endorsement of both masculine and feminine attributes and that a move toward masculinity without an equal move toward femininity to balance it, would not represent an increase in flexibility or sex-role adaptability. While it still represents a change, it is in the direction of masculine attributes or behaviors with simultaneous rejection of feminine attributes.

In interpreting these results several important issues must be considered. The words "assertiveness," "self-reliance," "willingness to take a stand," "defending one's beliefs" and their connotations, are traditionally valued as masculine rather than feminine traits. Although the treatment situation did seem to alter consequences of behaviors, thereby increasing their performance, as well as teach new behaviors, there was no attempt to alter the contextual value system of how these behaviors are viewed. Thus, as a person became more assertive, he or she also rated themselves as more masculine. If a person was high on masculinity to begin with, or already fairly androgenous (as was the case in the majority of our sample subjects), then the standard
behavioral assertiveness training procedure tended to increase masculinity. Only in those cases of high pretreatment feminine endorsement could there be a move toward androgeny because the increase in masculine endorsement with simultaneous rejection of feminine attributes causes a shift toward a more balanced amount of masculine and feminine endorsements.

Another central issue that these findings raise involves the model for the components of assertiveness utilized in this study and presented by Alberti and Emmons (1974). Their component descriptions are representative of all studies in the literature with the exception of one extremely recent investigation by Winship and Kelley (1976). Most studies dealing with the components of an assertive response include nonverbal behavior, affect, compliance, requests for new behaviors and such speech characteristics as duration of reply, loudness or fluency (Alberti and Emmons 1974; Eisler, Hersen and Miller 1973; Galassi et al. 1974; McFall and Marston 1970; Rathus 1973a). However, Winship and Kelley (1976) are the first to elaborate directly and specifically on the component of content in an assertive response. In presenting a verbal response model to increase assertiveness, Winship and Kelley (1976) define an assertive response as a three-part statement consisting of the following: (1) an empathy statement—the ability to see the situation through the other person's eyes, (2) a conflict statement—the individual's communicative rationale for his action, and (3) an action statement—what it is that the individual wants to happen. This study is unique in its clearly defining an empathy statement as an essential component to an assertive response.
The importance of this in relationship to androgeny and sex-role adaptability lies in the nature of empathy as a traditionally feminine attribute. This three-part model incorporates both the affective concern for the welfare of others that has been associated with femininity and the action orientation of standard behavioral assertiveness training that has been associated with masculinity. It would seem that the incorporation of explicit empathy statements into assertiveness training would then increase both femininity and masculinity. In fostering new skills or disinhibition on both of these dimensions simultaneously, sex-role adaptability would be increased, thus offering a wider breadth of choice for individuals. Unfortunately, the empathy component to an assertive response content model was not in the literature at the time the present study was conducted. It is certainly an important area for future research.

Another issue related to the interpretation of the masculine directionality of these results involves the aspect of process versus outcome studies. The present study focuses basically on outcome and its assessment. As such, the focus of the subjects involved was to evaluate how they saw themselves in terms of assertiveness on pre- and post-measures. The actual process of becoming assertive mixes both what is considered feminine (sensitivity to one's own needs and those of others) and masculine (an action orientation). In the traditional masculine view the focus is on results, of metaphorically getting "from point A to point B," which does not include a sensitivity to the process of how to accomplish such an act. Therefore, it may be that a group which works
with a strong process orientation as well as outcome would foster assertiveness with understanding (considered a feminine trait) and hence the mixture might foster androgeny, whereas an emphasis on outcome may lead to more masculine endorsements.

Implications

The implications of these findings are important for clinical application. One of the criticisms of the feminist movement has been that some of its members belittle feminine values, hoping instead to substitute a masculine value system with its instrumental orientation (i.e., a cognitive focus on action). These results indicate that if such a change is desired or in the specific case of an imbalance toward the feminine endorsement dimension, then the form of assertiveness training utilized in this study (Alberti and Emmons 1974) would be preferable. In such training, empathy is only implicit and "being understanding" is considered "a choice to be non-assertive" at that time or "a rationalization for not being assertive" (Alberti and Emmons 1974, p. 50).

However, if there is a desire to increase sex-role flexibility (a balance between the masculinity and femininity dimensions), or in the case of those people who are already masculine or androgenous it would seem preferable to utilize a verbal content model that incorporates empathy statements with conflict and action statements. This teaches new skills on both feminine and masculine dimensions, and as such adds to flexibility by increasing one's behavioral repertoire in both directions. This is an important new consideration as 63 percent of this college sample population was already within the androgenous range and such a
high percentage is consistent with the normative data (also based on college population samples) presented for the BSRI (Bem 1972).

**Limitations**

The present study was limited to a college population at The University of Arizona. Future research on a wider population seems advisable especially with regard to questions dealing with sex-role adaptability as this sample was fairly homogenous regarding androgeny characteristics.

Another difficulty in this study was the reliance on self-report measures due to practical and financial limitations. It would be advisable to utilize video equipment incorporating nonverbal components into assessment as well as structured interviewing with objective behavioral ratings to determine specific deficits. Future research would do best to utilize multiple-measures of assessment of change with adequate specification, definition, and description of variables.

No attempts were made in the present study for in vivo followup procedures or investigation of generalization effects because subjects were involved in an ongoing group throughout the year. Therefore, a confounding of generalization effects with multiple treatment effects would have been unavoidable. However, these are important issues frequently lacking attention in the literature. The development of unobtrusive measures for assessment in the natural environment would be helpful in this area. One suggestion is to utilize subjects' friends as observers, given that ethical confidentiality considerations could be
met. Such a method could also take into account change on individualized and personalized goals.

Although some attempts at process evaluation were made, this study basically focused on outcome. Future research would profit by more systematic means of gathering ongoing qualitative material.

Another limitation of the present study is the lack of a no-treatment control group. As such, conclusions are limited to the relative effectiveness of assertiveness training procedures as compared to Rogerian group techniques employed in the comparison-control condition.
SUMMARY

At a general level, the present investigation provides additional support for the value of assertiveness training presented in a group setting. The study also lends support to the notion of assertiveness training as a viable technique in producing change regarding sex-role identification. However, its value in promoting psychological androgeny or increased flexibility with sex-roles seems limited to those subjects reporting an imbalance on femininity endorsements. Assertiveness training tended to shift subjects toward the masculinity dimension rather than toward increased adaptability. A more comprehensive method of assertiveness training that included teaching the component of empathy as part of an assertive response was suggested for promoting flexibility on both masculine and feminine dimensions.
APPENDIX A

SUMMARY OF RESPONSES TO QUALITATIVE QUESTIONNAIRE

Assertiveness Subjects Responding: n = 35

1. Ss that had no specific situations in which they wanted to become more assertive: 14.29 percent

2. Ss that found the group helpful for individualized changes: 65.71 percent

3. Ss with mixed response concerning the group as aid to individualized changes: 11.43 percent

4. Ss that did not find the group useful for self-proposed areas of change: 8.57 percent

5. Ss who directly participated as protagonist in group role playing: 74.28 percent

   Number of times participated:
   Once: 11.54 percent
   Twice: 42.31 percent
   Three Times: 30.77 percent
   Four Times: 15.38 percent

6. Correlation of behavioral rating by leader with RAS:
   n = 70   .3693   s = .001

7. Correlation of behavioral rating by leader with IBT:
   n = 70   .2059   s = .044
### APPENDIX B

**MEANS AND STANDARD DEVIATIONS FOR ASSERTIVE MEASURES ON PRE-TEST BY GROUP**

<table>
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<th>RAS</th>
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<td>SD</td>
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GM 53.1  SD 11.8  GM 9.8  SD 22.2
SELECTED BIBLIOGRAPHY


