SELF HELP BOOK VERSUS STANDARD THERAPY IN
ASSERTIVENESS TRAINING: AN EMPIRICAL INVESTIGATION
OF THE EFFECTIVENESS OF BIBLIOThERAPY

by

Fred Edward Schindler

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STATEMENT BY AUTHOR

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This thesis has been approved on the date shown below:

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ABSTRACT

The effectiveness of a self help book on assertiveness training was assessed by comparing two bibliotherapy conditions with group therapy and a waiting list control condition. In one bibliotherapy group the subjects read a popular paperback with no therapist contact, while in the other group they additionally participated in informal discussion sessions. Assessment instruments included self report measures of assertiveness and anxiety, as well as verbal role play responses to taped analogue situations. A small sample size and large dropout rate preclude definitive conclusions, but results indicate that both bibliotherapy procedures are essentially as effective as assertiveness training group therapy. A near-significant decrease in anxiety was observed in subjects who became more assertive. The results suggest that bibliotherapy needs to be further investigated as an alternative or adjunct to traditional interventions.
INTRODUCTION

The phenomenal proliferation of self help books in recent years deserves more attention by professional psychology. Dozens of books which promise the reader techniques for achieving numerous types of self improvement have become, and continue to be, best-sellers, a phenomenon which Albee (1977) has aptly labeled the growth of drug store psychology. A casual perusal of any bookstore will reveal the diversity of widely available self help books on such topics as smoking cessation, self actualization, stress management, and assertion training.

Despite such popular interest in self help books, surprisingly little attempt has been made to critically evaluate and document their effectiveness. Evidence is required as to whether reading a self help book actually leads to significant behavior change. Should the glowing testimonials that can often be found on the back cover of many self help books prove to be indicative of empirically demonstrable effects, then the door is opened for examining the use of selected self help books as adjuncts or alternatives to professional therapy or counseling. The present study compares the effectiveness of one popular self help book on assertiveness training, *When I Say No, I Feel Guilty*, Smith, 1975) with a traditional assertiveness group procedure.
Bibliotherapy in the Psychological Literature

The use of any type of written materials as an aid in therapy has usually been referred to as bibliotherapy. Bibliotherapy as a term and as a technique has had, depending on the orientation and interpretation of the author, a varied and interesting history. Prior to the last five years, researchers defined the term quite broadly, conceptualizing bibliotherapy as the use of any reading matter as a therapeutic technique. Early reference texts reflect this approach, defining bibliotherapy as "the employment of books and the reading of them in the treatment of nervous diseases" (Dorland's Illustrated Medical Dictionary, 1941) or as "the use of selected reading materials as therapeutic adjuvants in medicine and psychiatry (as well as) guidance in the solution of personal problems through directed reading" (Webster's Third New International Dictionary, 1961). Both these definitions imply a certain amount of non-specificity about the relationship between the content of the reading material and behavior change, and early studies, operating under these definitions used bibliotherapy as a technique whereby patients were encouraged to read in the hope that the experiences gained would lead to therapeutic changes. Sclabassi (1973) describes the purposes of literature in psychotherapy as (1) being able to give the individual a more cognitive understanding of self, and (2) assisting in the traditional phases of psychotherapy such as identification, catharsis, and insight.

Operating out of this eclectic framework, a variety of studies have been conducted to investigate the effects of bibliotherapy on a

As previously mentioned, the number of outcome studies on self help books or manuals has been disappointingly few. However, the three studies which are described below are relevant and illustrative examples of different ways in which bibliotherapy has been used in recent years. Hogan and Kirchner (1968) compared bibliotherapy with implosive therapy and with eclectic-verbal therapy in the treatment of snake phobia. Subjects were selected on the basis of a behavior approach test and a fear of snakes questionnaire. Ten subjects were randomly assigned to each condition. Implosion therapy consisted of presenting the subjects with anxiety and/or fear producing stimuli (pictures and verbal) involving snakes; the purpose of this focal procedure was to extinguish fear by presenting these stimuli in a "safe" environment. The eclectic-verbal condition consisted of more traditional therapy sessions that attempted to explore the underlying causes of subject's fear. Bibliotherapy group subjects were given an informative, non-fiction book about snakes to read with the rationale that "reading about snakes might help them unlearn their fears". As might be expected,
this procedure, explicitly designed as a control condition was a dismal failure, with only one of the subjects being able to handle a snake at posttest. Implosion proved to be significantly effective.

On the other hand, Rosen, Glasgow and Barrera (1976) developed a self administered manual for systematic desensitization which they used in another study on snake phobia, and found significant reductions in fear in the groups that used the manual. In this study, subjects were also selected from among a population who admitted to a severe fear of snakes, refused to touch a snake in an approach test, and demonstrated scores indicative of snake phobia on a snake attitude questionnaire. Participants were randomly assigned to either a self-administered systematic desensitization, therapist-administered desensitization, or placebo condition. Both the self-administered and therapist-administered procedures led to significant reductions in fear across all measures. Unfortunately, a large drop-out rate made results somewhat difficult to interpret. However, for those subjects who completed a treatment program, effects were maintained at a two year follow-up.

Jarmon (1973) also compared a specifically designed anxiety reduction manual with Rational-Emotive therapy and attention-placebo in the treatment of speech anxiety and found bibliotherapy to be the most effective procedure at posttest, although at a later follow-up no significant differences were observed between groups.

These studies provide a graphic example of the need for a better definition of bibliotherapy. Although the procedures involving books or manuals differed tremendously between the Hogan and Kirchner study and the Rosen et al. or Jarmon studies, all three procedures were
presented as bibliotherapy conditions, a definition problem which should be borne in mind when evaluating the results of any study that uses self help books or manuals. As a general rule however, the effective self help books tend to be those that attempt to teach specific techniques for dealing with specific problems rather than those that merely focus on a problem in an informative or superficial fashion.

In view of this, a more relevant conceptualization of bibliotherapy has been provided by behavioral psychologists. According to this approach, bibliotherapy is defined as the use of self help manuals which have been specifically designed according to learning theory principles to deal with particular behavior problems. Glasgow and Rosen (1978) distinguish three types of treatment procedures that involve the use of behavioral self help manuals.

In the present review, the degree of clients' reliance upon therapist contact has been divided into three categories. The term Self-Administered refers to cases in which a written program constitutes the sole basis for treatment and clients administer materials without therapist contact. Contact with data collection personnel may occur in Self-Administered conditions as long as procedural advice is not given. Minimal Contact refers to those cases in which there is some contact with a therapist, but clients rely primarily on a written program. Therapist contact in Minimal Contact conditions is often in the form of weekly phone calls, mail correspondence or infrequent meetings. In Therapist Administered programs, clients have regular contact with a therapist, and meetings focus on clarifying or elaborating the information presented in a self help manual. (p. 2)

A thorough description and evaluation of currently available behavioral self help manuals is provided in Glasgow and Rosen's paper. Following are selected examples of studies which have used self help manuals in the treatment of a variety of behavior problems.
Hagen (1974) used a self help manual to study weight reduction and found that under Self-Administered and Therapist Administered conditions, the manual was superior to no treatment. Balch and Ross (1974) evaluated Stuart and Davis (1972) book, *Slim Chance in a Fat World*, under Therapist Administered conditions (weekly interpretive meetings and structured reading) and found greater weight loss among subjects in that group than among those who only attended some of the scheduled sessions, only read parts of the book, or who chose to be in the no treatment conditions. Unfortunately treatment groups were formed by self-selection rather than by random assignment, making results difficult to interpret. Self help manuals have also been included as parts of multicomponent approaches in the treatment of smoking, with generally disappointing results (e.g., Lichtenstein and Danaher, 1976; Ober, 1968). In the treatment of snake phobia, aside from the Rosen, Glasgow and Barrera (1976) study cited earlier, Clark (1973) used a manual that instructed the subjects in systematic desensitization techniques and found that a Self-Administered condition led to greater self-reported fear reductions than Minimal Contact or therapist-directed treatment conditions. Behavior approach measures however, yielded no significant differences. Marshall, Presse and Andrews (1976) tested a Self-Administered systematic desensitization manual in the treatment of public speaking anxiety. In this study neither the Self-Administered condition nor various other active therapy and control procedures produced significant reductions in speaking anxiety as measured by a posttest assessment of a public speech given
by each subject. In the area of Assertiveness Training, only Gambrill (n.d.), and Monti et al. (1979) have attempted an evaluation of a self help manual. Gambrill (Gambrill and Richey, 1975) found that under Therapist Administered conditions, having women read her social skills training manual led to increased rates of initiated social contacts relative to other treatment and control groups that did not use the manual. Monti and co-workers found little improvement in psychiatric patients who read specially prepared social skills manuals under a variety of conditions.

Since most self help manuals have tended to be overly technical, not easily available, and intended for use in research studies or as part of therapy programs under professional guidance, their generalizability as a useful tool for the non-academic public has been minimal. One consequence of this state of affairs might be to account for the high dropout rate in many studies which use self help manuals. Perhaps the material presented is not sufficiently interesting for the typical undergraduate experimental subject. As a result some researchers, observing the growing public interest in the self help movement, have been prompted to write books appropriate to general audiences. Thus some of the best sellers in the self help book genre are merely expanded and simplified versions of the behavioral bibliotherapy manuals described above. On the other hand, however, many of these books have few ties to an established experimental research framework. In either case, insufficient attention has been paid to controlled investigation and documentation of the effectiveness of these types of books.
Assertiveness Training

One possible reason for the lack of outcome studies on the effectiveness of self help books arises from the difficulty in translating claimed effects into operational and measurable frameworks. Moreover, especially in regard to many of the books on less specific self help topics such as self-actualization, Coan (1972) has noted that there has not been sufficient emphasis given to the development of measures which assess positive psychological gains in "normal" populations. As a result of its roots in behavior therapy, assertiveness training (Salter, 1949; Wolpe, 1958, 1969; Wolpe and Lazarus, 1966) is one area of the self help book field that has proven to be an exception to this trend. A relatively precise technology for assessing and teaching assertive behaviors has been developed. Reasonably valid assessment instruments include both paper and pencil inventories (e.g., Galassi et al., 1974; Rathus, 1973) and behavioral performance measures (e.g., Eisler et al., 1975; McFall and Marston, 1970).

The initial theoretical basis underscoring Assertiveness Training is usually attributed to Salter (1949) who saw inhibited social behavior as analogous to a Pavlovian conditioned reflex model of inhibition. Wolpe's (1958, 1969) theory of reciprocal inhibition expanded on this model by arguing that anxiety acts to inhibit the expression of appropriate and adaptive assertive behavior. However, each time an individual can be induced to emit an assertive response, it serves to reciprocally inhibit, and thus weaken, the anxiety responses it supersedes. Operant procedures also obviously play a

Wolpe and Lazarus (1966) defined assertive behavior as "all socially acceptable expressions of rights and feelings". In an attempt to provide a more operational and behavioral definition, Alberti and Emmons (1974) defined assertiveness as "behavior which enables a person to act in his own best interest, stand up for himself without undue anxiety, and to express his rights without destroying the rights of others" (p. 2). A review of some of the other considerations in defining assertiveness has been provided by Rich and Schroeder (1976).

Exactly what constitutes an Assertiveness Training procedure has also not been clearly specified. Although behavior therapy principles underlie all procedures, some flexibility exists between different therapists and populations. Mashkin (1976) describes Assertiveness Training techniques as follows:

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 . . . 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 the 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. (p. 4).
Research on Assertiveness Training, with some exception, (notably Lazarus [1966] who examined the effects of a behavior rehearsal technique on assertive behavior), is only a decade old, but has dramatically increased in recent years. The work of Richard McFall and his colleagues at the University of Wisconsin is generally recognized as being instrumental in opening up the investigation of Assertiveness Training. In a series of studies (McFall and Marston, 1970; McFall and Lillesand, 1971; McFall and Twentyman, 1973) the effectiveness of various components of Assertiveness Training programs were examined. McFall and Marston (1971) utilized a behavior rehearsal technique for evaluating acquisition of assertive behavior. Subjects were instructed to respond to a series of tape recorded stimulus situations in an assertive manner and then, depending on group assignment, received either evaluative feedback on their responses or listened to a playback of what they had said. A No Treatment and Insight-Placebo condition were also used. Self report, behavioral ratings (independent raters coded the responses for assertive content), and psychophysiological (pulse rate) measures were taken. Results showed the two behavior rehearsal conditions to be significantly better than the control conditions. There was a nonsignificant tendency for the rehearsal plus feedback procedure to be most effective.

McFall and Lillesand (1971) developed a scale (The Conflict Resolution Inventory) which measured subject's ability to refuse unreasonable requests and then investigated the effectiveness of rehearsal techniques on refusal behavior. Procedures were essentially
similar to those used in the McFall and Marston study. Experimental subjects improved dramatically in comparison to controls. One interesting feature of these studies was the use of a follow-up procedure involving a mock salesman who called subjects and attempted to sell them magazines. While innovative, this measure has fallen into disuse, mainly because many subjects reported not wanting to refuse the request (i.e., in this case, buying magazines).

McFall and Twentyman (1973) reported the results of a series of experiments which systematically investigated the various components of the Assertiveness Training programs used in the earlier McFall studies. They also validated the Conflict Resolution Inventory and the role playing tape procedure by comparing the role played responses of subjects who had been identified as either assertive or nonassertive on the inventory. All facets of the Assertiveness Training program (modeling, coaching, covert rehearsal, and overt rehearsal) were found to make significant additive contributions.

Research conducted by Eisler, Hersen, Miller, and their colleagues (Eisler, Hersen, and Miller, 1973, 1974; Eisler et al., 1975; Hersen, Eisler, and Miller, 1973; Hersen et al., 1973) constitutes another significant part of the Assertiveness Training literature. They have pointed out that the McFall group's work has dealt mainly with refusal behaviors, and insufficiently with other aspects of assertive behavior such as giving and receiving praise, and criticism, and asking for favors. Consequently many of their studies have focused on shaping positive types of assertive behavior, as well as
investigating behavioral measures of assertiveness, physiological concomittants of assertive responses, and assessing the generalization of effects of Assertiveness Training programs.

The Present Study

The effectiveness of a self help book on Assertiveness Training was analyzed by comparing it to a standard Assertiveness Training group procedure. The present study assessed the value of a particular self help book by the use of a four group design. Two groups read *When I Say No I Feel Guilty* under Self-Administered or Therapist Administered conditions. The goal of the Self-Administered procedure was to simulate the effect that the reading of the book might have on the average person who would buy it in a bookstore. Subjects in the Therapist Administered condition read the book as well as attended weekly informal discussion sessions wherein informal conversation was encouraged and information contained in the book was elaborated upon and clarified. The rationale for this group was to examine the effect of some additional structure and group interaction on the reading of the self help book as well as to control for therapist and attention variables present in the group therapy condition. This third group participated in a standard Assertiveness Training course conducted by a staff member of the University Counseling Center. The fourth, Waiting List-Control group (NT) received no treatment but was told that they would be notified of future openings. After posttest measures had been taken, a full explanation of the nature and results of the study was given to NT subjects, along with a free copy of the book.
Selection of the book used for this study was made along two interrelated criteria—popularity (defined by number of copies sold), and simplicity of material (non-technical and easy to read). By these standards, *When I Say No I Feel Guilty*, written by Manuel Smith, a UCLA professor of clinical psychology, is clearly a representative choice. The book can best be viewed as Smith's attempt to put the techniques he uses in his Assertiveness Training workshops into a readable book form. It is entertaining, interesting, and spiced with humorous anecdotes. However, the material presented is also a valid translation of many of the techniques used in standard Assertiveness Training procedures into layman's terms.

A significant portion of the book consists of transcribed dialogues where the use of the principle under consideration is illustrated in a "real life" setting. Smith explains the seven main assertiveness skills presented as:

1. **Broken Record**: A skill that by calm repetition -- saying what you want over and over again -- teaches persistence without your having to rehearse arguments or angry feelings beforehand, in order to be "up" for dealing with others.

2. **Fogging**: A skill that teaches acceptance of manipulative criticism by calmly acknowledging to your critic the probability that there may be some truth in what he says, yet allows you to remain your own judge of what you do.
3. **Free Information**: A skill that teaches the recognition of simple cues given by a social partner in everyday conversation to indicate what is interesting or important to that person.

4. **Negative Assertion**: A skill that teaches acceptance of your errors and faults (without having to apologize) by strongly and sympathetically agreeing with hostile or constructive criticism of your negative qualities.

5. **Negative Inquiry**: A skill that teaches the active prompting of criticism in order to use the information (if helpful) or exhaust it (if manipulative) while prompting your critic to be more assertive, less dependent on manipulative ploys.

6. **Self-Disclosure**: A skill that teaches the acceptance and initiation of discussion of both the positive and negative aspects of your personality, behavior, lifestyle, intelligence, to enhance social communication and reduce manipulation.

7. **Workable Compromise**: In using your verbal assertive skills, it is practical, whenever you feel that your self-respect is not in question, to offer a workable compromise to the other person. You can always bargain for your material goals unless the compromise affects your personal feelings of self-respect. If the end goal involves a matter of your self-worth, however, there can be no compromise.

   A variable of crucial importance to this study was the subject's expectancy of success. It seems logical to speculate that subjects might have more "faith" in the Assertiveness Training group
procedure than in the two book groups. These expectations were assessed at the end of the initial orientation session by administering a simple Likert scale that asked the subject to rate his or her initial impressions of the value of the forthcoming treatment.
METHOD

Subjects

The College Self Expression Scale (Galassi et al., 1974), a simple 50 item assertiveness questionnaire was administered to approximately 1200 undergraduates in various introductory level courses. Instructions stated that people who were interested in participating include their phone number on the form. From among the pool of interested volunteers, an attempt was made to have the 60 lowest scoring persons participate in the study. Only 34 persons, 27 females and 7 males, who met the criterion of being markedly sub-assertive (at least one standard deviation below the mean) were interested enough to listen to the tape and complete pretest measures. These subjects were then randomly assigned to one of the four conditions, thus the final sample consisted of nine subjects in each of the two book groups (Self Help Book (SHB) and Self Help Book Plus Discussion (SHBD)) and eight subjects in both the Assertiveness Training (AT) and No Treatment (NT) conditions.

Instruments

Paper and Pencil Measures

The College Self Expression Scale (CSES) was used as the main paper and pencil index of assertiveness. The questionnaire asks the subject to "provide information about how he expresses himself".
Questions are scored on a 0 (Always) to 4 (Never) scales. Illustrative test items include:

#24. Do you go out of your way to avoid trouble with other people?

#33. Do you avoid social contacts for fear of doing or saying the wrong thing?

#50. Do you avoid asking questions in class for fear of feeling self-conscious?

Galassi et al. (1974) report test-retest correlation of .90, as well as validity data including: significant although low correlations between supervisor and dorm adviser ratings and self ratings of assertiveness of .19 and .33 respectively; and positive and significant correlations with Adjective Check List scales that are associated with assertive types of behaviors, such as Defensiveness, Self-Confidence, Need Exhibition, and Need Autonomy. The CSES appears to be a reasonable instrument for use with college populations.

Solpe (1958, 1973) asserted that anxiety is incompatible with assertive behavior, and to test that hypothesis, the trait scale of the State-Trait Anxiety Inventory (STI) (Speilberger, Gorsuch and Lushene, 1970) will be administered. The STAI-trait scale is a twenty item inventory that asks the subject to report "how he generally feels". The appendix presents a copy of the inventory. In a study of undergraduates given the STAI, cited in the test manual, test-retest correlations on the trait scale were about .75 after 104 days and about .74 after one hour's exposure to a variety of differing stimuli. The manual also indicates that the trait scale correlates about .80 with the Taylor Manifest Anxiety Scale (Taylor, 1953).
Orenstein, Orenstein, and Carr (1975) have shown that trait anxiety (as measured by the STAI) is inversely related to assertiveness. They administered the STAI to 86 subjects who had already been classified into three groups: high, average, and low assertive based on scores on the Rathus Assertiveness Scale (Rathus, 1973). Highly assertive subjects were found to be significantly less anxious than their average and low assertive counterparts. Consequently, any measured increase in assertiveness across groups in the present study is predicted to lead to decreased anxiety scores in those groups.

Behavioral Measures

A tape which describes twelve social situations and then asks subjects to role play responses was developed for use in this study. The episodes used on this tape were adapted from those used by McFall and Marston (1970) and Rosenthal and Reese (1976) and present a variety of different situations that call for assertive responses. Kirschner (1976) has classified assertive behaviors into six types: expressing displeasure, expressing praise, initiating positive interactions, expressing dissatisfaction with a service, expressing disagreement, and refusing unreasonable requests. Two of each type of situation were included on this tape. A transcript of the twelve situations is included in the appendix. Subjects listened to each of the twelve stimulus scenes and then, on cue, verbally responded as if they were actually in that situation. The following dialogue is an example of a typical stimulus taken from McFall and Marston (1970).
Narrator: Imagine that this morning you took your car to a local Standard station, and you explicitly told the mechanic to give you a simple tune-up. The bill should have been about twenty dollars. It's now later in the afternoon and you're at the station to pick up your car. The mechanic is walking over to you.

Mechanic: Okay, let me make out a ticket for you. The tune-up was twelve dollars for parts and eight dollars for labor. Uh, grease and oil job was six dollars. Antifreeze was five dollars. Uh, four dollars for a new oil filter. And, uh, five dollars for rotating the tires. That's forty dollars in all. Will this be cash or charge?

(bell rings, signalling subject to respond)

Responses were scored for duration (total number of seconds engaged in verbal responding for all twelve situations) and number of speech dysfluencies (total number of stutters and hesitations for all twelve situations). These measures have been shown (Eisler et al., 1975) to correlate significantly with assertiveness; assertive responses tend to have longer duration than non-assertive responses and tend to have fewer dysfluencies. In addition, an independent rater, not familiar with the nature of the study was provided with a basic understanding of assertive behavior, and then asked (following a practice session) to give an overall impression on a 1 (low) to 5 (high) scale of the assertive content of each response.
Procedure

After pretest assessment and random assignment to groups, an introductory meeting was held for all experimental groups (SHBD, SHB, and AT). At these meetings, an explanation of the program was given appropriate to each condition, and following a brief discussion, ratings of the perceived value of the treatment were determined by means of a simple Likert scale. The scale asked the subject to rate how confident they were that the program would help them become more assertive. Responses ranged from 7 (very optimistic, very confident) to 1 (very unsure, pessimistic).

Subjects in the No Treatment (NT) condition were told that due to an overwhelming response to the project, they had been randomly assigned to a waiting list and would be given first consideration for the next phase of the program. The meetings for subjects in the SHB and SHBD conditions consisted of giving a brief description of the purpose of the study, distributing copies of *When I Say No, I Feel Guilty* and answering questions. SHB subjects were also told that they would be required to drop off a short note indicating how much of the book they had read each week, and any comments they felt like writing. SHBD subjects met for a 90 minute weekly session for five weeks to discuss those chapters which had been assigned for that week. Two leaders for the group (trained undergraduates) were instructed to be completely nondirective and to encourage discussion between subjects on the effects of the reading on their behavior. The Assertiveness Training group met weekly for five 90 minute sessions at the University Counseling Center. The course was led by a Ph.D. level staff psychologist who had
previously taught Assertiveness Training as well as other types of personal growth groups for a number of years. Content of the Assertiveness course was developed in conjunction with the experimenter and incorporated the material presented in *When I Say No, I Feel Guilty*. Training consisted of role playing, behavior rehearsal, and homework assignments, along with discussion of experiences.

As an additional means of increasing motivation and participation, subjects in all three experimental groups were asked to submit a five dollar refundable deposit to participate in the program. Subjects were told that the money would be refunded contingent upon responsible participation in the program.

Posttreatment measures were taken during the week following the last discussion meeting, Assertiveness Training session, or, in the case of the SHB group, six to seven weeks after treatment began. The SHB and SHBD groups also completed a twenty item simple multiple choice exam to assess their knowledge of the material presented in the book (a copy is included in the appendix). At this time the nature of the study was fully explained and deposits were refunded. Measures were obtained from NT groups subjects under the pretense of stressing the importance of having an up to date assessment of their performance prior to their beginning treatment. Table 1 presents a diagram of the experimental design.
Table 1. Outline of experimental design.

<table>
<thead>
<tr>
<th>Week/Group</th>
<th>Assertiveness Training (AT)</th>
<th>Self Help Book plus Discussion (SHBD)</th>
<th>Self Help Book (SHB)</th>
<th>No Treatment (NT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Pretest Measures</td>
<td>(All Groups)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>First group meeting</td>
<td>First discussion meeting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Second meeting</td>
<td>Second meeting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Fifth, final meeting</td>
<td>Fifth, final meeting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td>Post-Test Measures</td>
<td>(All Groups)</td>
<td></td>
</tr>
</tbody>
</table>
SPECIFIC HYPOTHESIS

It is predicted that the three treatments will show greater improvements in assertiveness and greater reduction in anxiety than will the no treatment control group.

No predictions are offered as to which experimental procedure will be maximally effective in increasing assertiveness.
RESULTS

Of the 34 subjects who completed pretest assessment, only seventeen (fifteen females and two males) actually completed treatment. Thus the final sample consisted of five subjects in the AT and SHBD groups, four in the SHB group, and three in the NT group. As there were only two males who completed the program, sex differences were not considered. Preliminary analysis focused on interpreting the effect of the high dropout rate. With a few exceptions all of the treatment group dropouts self selected out of treatment prior to the second week of the program, generally by changing their minds about participating after pretesting but before depositing their money. Thus there was only one subject in the three experimental groups who dropped out after the middle of the program, however, in the NT group five of the original eight participating subjects refused to return for posttest.

Table 2 presents data on dropout rate by group. Note that proportionately less subjects dropped out of the two conditions (SHBD and AT) that involved regular therapist contact, however this result is not significant. Dropouts were compared to subjects who completed the program on their CSES pretest scores and were found to have scored 11.5 points higher on this questionnaire (88.9 versus 77.4, SD of 11.8 and 20.0, respectively); this result just fails to achieve significance p=.06, two-tailed t-test). Also, dropouts did not initially rate their opinion of the program significantly lower than subjects who completed
Table 2. Dropout rate for each group.

<table>
<thead>
<tr>
<th>Group</th>
<th>Assertiveness Training (AT)</th>
<th>Self Help Book (SHB)</th>
<th>Self Help Book plus Discussion (SHBD)</th>
<th>No Treatment (NT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of subjects</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pretest</td>
<td>8</td>
<td>9</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Dropouts</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Number of subjects</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Posttest</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>% Dropout Rate</td>
<td>37.5%</td>
<td>55.5%</td>
<td>44.5%</td>
<td>67.5%</td>
</tr>
</tbody>
</table>

Overall dropout rate: 50.0%
the program (mean perceived value of treatment score of 4.8 for dropouts versus 5.0 for completing subjects).

All nine subjects in the two book groups demonstrated reasonable comprehension of the material presented in *When I Say No, I Feel Guilty* by scoring an average of 11.4 out of 15 on the multiple choice exam (11.8 for SHBD versus 11.0 for SHB, range of 7-15). This difference between the two book groups is not significant.

On the value of treatment scale, all three experimental groups reported relatively positive, insignificantly different impressions of the perceived value of the program (mean rating of 5.4 for SHBD, 5.2 for AT and 4.8 for SHB).

In light of small sample size, nonparametric statistics were employed for most subsequent analyses. Analysis was conducted using percent change data in order to control for variability in pre-post scores across subjects. Table 3 presents individual changes by subjects on the CSES, STAI, and the three measures of taped responses: duration of response (DUR), speech dysfluencies and stutters (STUT) and individual assertiveness rating (IAR). Table 4 summarizes mean group changes on the different measures.

Kruskall-Wallace Analysis of Variance by Ranks (Siegel, 1957) were performed for mean CSES and STAI changes pre-post across the four groups and failed to yield significant differences for both measures (H = 1.91, n.s. for CSES; H = 4.40, n.s. for STAI).

Pairwise multiple comparisons were done on all measures with Walsh tests for pre-post within-group changes, while Mann-Whitney U tests were employed to compare the percent changes between the four
Table 3. Individual subject data for all measures.

<table>
<thead>
<tr>
<th>Measure/Group</th>
<th>CSES Pre</th>
<th>CSES Post</th>
<th>% Change</th>
<th>STAI Pre</th>
<th>STAI Post</th>
<th>% Change</th>
<th>DUR (seconds) Pre</th>
<th>DUR (seconds) Post</th>
<th>% Change</th>
<th>STUT Pre</th>
<th>STUT Post</th>
<th>% Change</th>
<th>IAR Pre</th>
<th>IAR Post</th>
<th>% Change</th>
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<td>EG</td>
<td>77</td>
<td>107</td>
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<td>57</td>
<td>52</td>
<td>-8.8</td>
<td>(64)</td>
<td>(55)</td>
<td>-14.0</td>
<td>(2)</td>
<td>1</td>
<td>-50.0</td>
<td>18</td>
<td>(21.6)a</td>
<td>20.0</td>
</tr>
<tr>
<td>EM</td>
<td>75</td>
<td>125</td>
<td>65.3</td>
<td>38</td>
<td>37</td>
<td>-2.6</td>
<td>94</td>
<td>214</td>
<td>127.7</td>
<td>13</td>
<td>7</td>
<td>-46.2</td>
<td>16</td>
<td>46</td>
<td>187.3</td>
</tr>
<tr>
<td>SHBD</td>
<td>95</td>
<td>115</td>
<td>21.1</td>
<td>49</td>
<td>44</td>
<td>-10.2</td>
<td>(43)</td>
<td>56</td>
<td>30.2</td>
<td>(0)</td>
<td>1</td>
<td>100.0</td>
<td>11</td>
<td>23</td>
<td>109.1</td>
</tr>
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<td>221.6</td>
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<td>-16.3</td>
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<td>144</td>
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<td>-50.0</td>
<td>18</td>
<td>35</td>
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</tr>
<tr>
<td>LH</td>
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<td>95</td>
<td>14.4</td>
<td>38</td>
<td>42</td>
<td>10.5</td>
<td>--b</td>
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<td>3</td>
<td>--b</td>
<td>--b</td>
<td>36</td>
<td>--b</td>
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<tr>
<td>EJ</td>
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<td>(120)a</td>
<td>20.0</td>
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<td>30</td>
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</tr>
<tr>
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<td>198</td>
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<tr>
<td>LC</td>
<td>60</td>
<td>113</td>
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<td>51</td>
<td>38</td>
<td>-26.0</td>
<td>50</td>
<td>75</td>
<td>50.0</td>
<td>0</td>
<td>1</td>
<td>--b</td>
<td>21</td>
<td>18</td>
<td>-14.3</td>
</tr>
<tr>
<td>AT</td>
<td>55</td>
<td>125</td>
<td>127.3</td>
<td>50</td>
<td>42</td>
<td>-16.0</td>
<td>131</td>
<td>167</td>
<td>27.5</td>
<td>18</td>
<td>14</td>
<td>-22.2</td>
<td>21</td>
<td>55</td>
<td>161.9</td>
</tr>
<tr>
<td>100</td>
<td>(123)a</td>
<td>23.0</td>
<td>51</td>
<td>39</td>
<td>-23.5</td>
<td>75</td>
<td>123</td>
<td>64.0</td>
<td>5</td>
<td>5</td>
<td>9</td>
<td>80.0</td>
<td>(30.5)a</td>
<td>46</td>
<td>50.8</td>
</tr>
<tr>
<td>101</td>
<td>187</td>
<td>138</td>
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<td>51</td>
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<td>94</td>
<td>146</td>
<td>55.3</td>
<td>15</td>
<td>6</td>
<td>-60.0</td>
<td>18</td>
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<tr>
<td>96</td>
<td>105</td>
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<td>49</td>
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<td>--b</td>
<td>236</td>
<td>--b</td>
<td>--b</td>
<td>--b</td>
<td>5</td>
<td>--b</td>
<td>38</td>
<td>--b</td>
<td></td>
</tr>
<tr>
<td>NT</td>
<td>55</td>
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<td>-21.9</td>
<td>26</td>
<td>32</td>
<td>+23.0</td>
<td>29</td>
<td>33</td>
<td>13.8</td>
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<td>0</td>
<td>0</td>
<td>12</td>
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<td>89</td>
<td>126</td>
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<td>25</td>
<td>-34.2</td>
<td>127</td>
<td>120</td>
<td>--b</td>
<td>--b</td>
<td>--b</td>
<td>12</td>
<td>4b</td>
<td>-66.7</td>
<td>39</td>
<td>32</td>
</tr>
<tr>
<td>81</td>
<td>84</td>
<td>4.0</td>
<td>55</td>
<td>63</td>
<td>+14.6</td>
<td>136</td>
<td>--b</td>
<td>--b</td>
<td>--b</td>
<td>--b</td>
<td>0</td>
<td>--b</td>
<td>26</td>
<td>--b</td>
<td></td>
</tr>
</tbody>
</table>

aPartial loss of data. Score prorated.
bData lost due to machine malfunction.
Table 4. Mean group changes for all measures.

<table>
<thead>
<tr>
<th></th>
<th>CSES</th>
<th></th>
<th>STAI</th>
<th></th>
<th>DUR</th>
<th></th>
<th>STUT</th>
<th></th>
<th>IAR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre Post %</td>
<td></td>
<td>Pre Post %</td>
<td></td>
<td>Pre Post %</td>
<td></td>
<td>Pre Post %</td>
<td></td>
<td>Pre Post %</td>
</tr>
<tr>
<td>SHBD</td>
<td>72.4 112.2</td>
<td>72.3</td>
<td>46.2 43.2</td>
<td>-6.5</td>
<td>74.0 104.4</td>
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<td>5.3 3.3</td>
<td>-35.3</td>
<td>15.3 31.4</td>
</tr>
<tr>
<td>SHB</td>
<td>71.2 113.0</td>
<td>66.3</td>
<td>50.8 42.0</td>
<td>-17.3</td>
<td>83.8 105.3</td>
<td>25.7</td>
<td>3.8 2.5</td>
<td>-34.2</td>
<td>26.5 31.8</td>
</tr>
<tr>
<td>AT</td>
<td>87.8 118.8</td>
<td>35.3</td>
<td>50.2 39.6</td>
<td>-21.1</td>
<td>102.5 180.0</td>
<td>75.6</td>
<td>16.0 15.5</td>
<td>-3.1</td>
<td>28.6 43.5</td>
</tr>
<tr>
<td>NT</td>
<td>75.0 84.3</td>
<td>12.4</td>
<td>39.7 40.0</td>
<td>+0.8</td>
<td>Insufficient data</td>
<td>Insufficient data</td>
<td>Insufficient data</td>
<td>Insufficient data</td>
<td></td>
</tr>
</tbody>
</table>
groups. In light of the small group sizes, individual variances played a larger than normal part in determining group means. Consequently, reported p values should be taken as trend indicators and attention focused on the direction, rather than magnitude of the changes, especially since reported values often just fail to achieve the .05 rejection range.

**College Self Expression Scale**

Figure 1 illustrates changes on the CSES scores as a result of the treatment programs. Significant mean improvements were found for all three treatment procedures, which were equally effective, but just failed to differ significantly from control subjects ($U = 3.5, p = .13$ for AT/NT comparison). Additionally, all of the treatment subjects evidenced improvement in their scores while one of the control subjects actually scored lower at posttest.

**State-Trait Anxiety Inventory**

Figure 2 presents similar data to that described above for scores on the anxiety scale. As can be seen from the graph, mean pretest scores varied across groups, although not significantly. SHB and AT subjects became significantly less anxious but SHBD and NT subjects showed no change. However, the two groups that evidenced this improvement in anxiety began at higher initial levels of anxiety and consequently finished with scores comparable to the two groups that did not show any change. Additionally, note from Table 3 that all treatment subjects but one showed some decrease in anxiety while two of the three control subjects became more anxious.
Figure 1. Mean group changes on the College Self Expression Scale.
Figure 2. Mean group changes on the State-Trait Anxiety Inventory.
Duration of Responses on Taped Situations

Individual duration times, as can be seen in Table 3 were highly varied. Figure 3 however, presents data on the mean number of seconds spent talking on all twelve of the taped situations, for each of the four groups. AT subjects began at higher levels and were the only group to significantly increase the amount of time spent talking. Again, all treatment subjects lengthened their response times, but baseline levels were so varied that meaningful between-group comparison are difficult.

Speech Dysfluencies and Stutters

Figure 4 shows that no groups evidenced meaningful changes in number of stutters pre- to post-test. AT subjects stuttered more frequently, as would be expected, once they tended to have longer durations (see Figure 3).

Individual Assertiveness Rating

Figure 5 presents mean scores and changes across the twelve taped situations on the IAR. Scores ranged from 60 (obtained by scoring a five on each of the situations) to 0. Improvements were noted in all treatment conditions, but only the SHBD came close to achieving significance.

Correlation Between Measures

Table 5 presents a Pearson product-moment correlation matrix between the two paper and pencil, and three verbal response measures. None of the correlations approached significance except the relationship between CSES and STAI which just failed to reach significance ($r = -.43,$
Figure 3. Mean group changes in duration of response times on taped situations.
Figure 4. Mean group changes in number of speech dysfluencies.
Figure 5. Mean group changes in Individual Assertiveness Rating scores.
Table 5. Correlation between behavioral and self-report measures.

<table>
<thead>
<tr>
<th></th>
<th>CSES</th>
<th>STAI</th>
<th>DUR</th>
<th>STUT</th>
<th>IAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSES</td>
<td>-</td>
<td>-.43</td>
<td>.10</td>
<td>-.35</td>
<td>.23</td>
</tr>
<tr>
<td>STAI</td>
<td>-</td>
<td>.02</td>
<td></td>
<td>+.13</td>
<td>-.20</td>
</tr>
<tr>
<td>DUR</td>
<td>-</td>
<td></td>
<td>-.10</td>
<td></td>
<td>.22</td>
</tr>
<tr>
<td>STUT</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td>-.06</td>
</tr>
<tr>
<td>IAR</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
p = .06). Correlations were computed by comparing percent change data between different measures. Reported correlations thus reflect the strength of relationships between pre post changes on the different measures.
DISCUSSION

It seems best to conceptualize this study as a good pilot demonstration of the possible utility of self help books. While the methodological problems reflected by the high attrition rate and small initial number of participants preclude definitive statements about the effectiveness of *When I Say No, I Feel Guilty*, a number of tentative and interesting conclusions can be made. The fact that significant statistical improvements occurred at all, given the small sample, is in itself worthy of mention and lends some credibility to the study.

Initially consideration needs to be given to the dropout rate. Perhaps some of the problems could have been avoided by collecting deposits prior to pretest (instead of at the first treatment sessions); in this way only subjects sufficiently motivated to participate would have been used. Also, more initial potential subjects need to be screened in future studies in order to have a larger pool from which to select participants. Lastly it should be mentioned that a request to read a book is often not well received by overburdened undergraduates. This factor may have accounted for some of the dropout as well. If a procedure were used which advertised an experimental treatment for sub-assertiveness, instead of a wide screening approach, perhaps then more subjects who perceived themselves in need of help (instead of as volunteers in an experiment) might have been secured. On the other hand there are numerous difficulties associated with this form of subject
recruitment, not the least of which are legal ones involving the offering of treatment by non-professionals.

Overall, examination of Table 3 shows that some degree of improvement was made by all subjects who completed the treatment program. Somewhat surprisingly however, is the finding that subjects in the two bibliotherapy conditions did not differ noticeably from their counterparts who participated in the Assertiveness Training at the Counseling Center. Performance on the IAR, DUR, and STUT tape measures was somewhat better for AT subjects, but these slight differences were less evident on the paper and pencil questionnaires. The implications of this somewhat surprising finding, should it hold up upon further evaluation, should be of some concern to group therapy leaders. Logically it seems that role playing, rehearsal and other specific and non-specific techniques practiced in an in vivo group setting should be more effective than reading about how to do them; these data however, do not support this conclusion. Rather, it appears that, at least in the case of highly motivated college students, reading a well written book about treating sub-assertiveness and shyness can be essentially as effective as participating in a course on Assertiveness Training. This conclusion stands in direct contrast to the Monti et al. (1979) findings where the social skills manual essentially failed to lead to demonstrable improvement. One obvious reason for this might be the population employed: college students are well accustomed to reading as means of acquiring new information, while psychiatric patients seldom read more difficult academic-type books. Perhaps then, bibliotherapy may have usefulness
only with select populations who have had previous experience with reading as a skill acquisition technique.

Of crucial importance in evaluating the results obtained from this study is considering to what degree the measures employed actually reflected changes in assertive behavior in-vivo. The difficulties in assessing these generalization and validity issues in the field of assertiveness training are particularly challenging, and future research needs to focus on the development of better assessment techniques.

Peer ratings are one promising technique which might be used to obtain information on the generalizability of Assertiveness Training to the natural environment. Rich and Schroeder (1976) provide an excellent review and critique of the currently available assessment techniques, pointing out the difficulties in obtaining adequate samples of behavior for in-vivo observations and the need for better validational data of self-report instruments.

How well the taped situations employed in this study assessed the subject's capacity to respond in similar fashion, were the situations to occur in vivo, is difficult to determine. It is much easier to respond assertively into a microphone than to an aggressive friend or spouse. With regards to the self-report measures, both the CSES and STAI provide a clear statement of what the subject wishes to portray, and as such are good instruments for directly assessing attitudes and feelings, however the issues of generalizability and validity with behavioral assessments of actual abilities remains a pitfall of self-report techniques.
Some information relevant to these issues can be gleaned by examination of the correlation matrix (Table 5). The only meaningful correlation -- between the STAI and CSES -- can be interpreted in light of the Orenstein, Orenstein, and Carr (1975) finding that assertive individuals tend to be significantly less anxious than non-assertive subjects. In this study anxiety was seen to decrease noticeably (although just failing to reach significance) as subjects became more assertive. The degree to which assertiveness and anxiety measures tap similar constructs needs further investigation, and is related to the issue of whether it is social skill deficits or anxiety which inhibits performance of appropriate social behaviors. Regardless of which explanation accounts best for sub-assertive behavior, teaching such individuals social skills (e.g., assertive communication techniques) does serve to effectively reduce their reported levels of anxiety. It is disappointing to note the failure of subject's performance on the tape recorded situations to correlate highly with their CSES scores. For example, the .23 coefficient between the IAR and CSES is low, but in the positive direction. Perhaps excessive variance explains a large part of this result, however, if the tape measures and CSES are both assessing similar dimensions of assertiveness, one would have expected a significant relationship between them; this is apparently not the case. Given that reasonably good validational data exists on the CSES (e.g., Galassi et al., 1974), and that the taped situations were idiosyncratic to this study, supports concluding that more emphasis should be placed on the CSES. On the other hand, the taped role play responses provided the best way to obtain analogue observations of actual verbal assertive
behavior and should not be completely discredited. Yet two of the taped measures used in this study, DUR and STUT, were not found to be accurate reflectors of assertive responding, at least in regards to the low correlation between them and the other measures. The IAR, however, did show some validity (see Table 5) in that it correlated somewhat with the paper and pencil measures. The work of Hersen, Eisler, Miller and colleagues (e.g., Eisler et al., 1973, 1974; Hersen et al., 1973a, 1973b) which employed videotape measures of the subjects responding may be more useful in developing better measures of assertive verbal behavior (defined broadly). In these studies, eye contact, gestures, facial expressions, and other visual data was collected, in addition to the speaking measures such as the ones used in the present study. In retrospect, perhaps using videotape instead of auditory tape might have been worth the additional effort.

Despite the many limitations, the results of this study suggest that reading a self help bestseller based on an experimentally verified theory and effective techniques can be as helpful in leading to increased assertive behavior as participating in a group led by an experienced leader. Furthermore, reading the book under conditions designed to simulate purchasing it at a bookstore is no less effective than reading it under conditions of structured group discussion. On the other hand, the high dropout rate and small group sizes rule out strong conclusions, but, as a pilot study, the results are certainly worth extending. Should they be confirmed by further research, it would raise serious doubts about the assumed superiority of group therapy, as well as demonstrate the effect of one particular book in helping people who lack assertive
skills. Further exploration of the efficacy of other popular self help books should be encouraged.
APPENDIX A

ASSERTIVENESS EVALUATION AND TRAINING PROGRAM

SUBJECT CONSENT FORM

The participant agrees to participate in this project by complying as best as he/she is able with the following procedures:

1. listen and respond to a short recorded tape (all groups)
2. read *When I Say No, I Feel Guilty* (Self-Help Book Group)
3. drop off six short weekly progress reports at the psychology clinic (for Self-Help Book)
2. read *When I Say No, I Feel Guilty* (Self-Help + Discussion Group)
3. attend five 90 minute long discussion groups (Self Help + Discussion Group)
2. attend five 90 minute long weekly Assertiveness Training sessions (Assertiveness Training Group)
4. participate in a reassessment session similar to the initial measurement program at the end of the project

The participant agrees to deposit five dollars with the project as a refundable check; refunds will be contingent on fulfilling the above requirements. Otherwise one dollar will be deducted for each session/progress report missed, beginning with second missed session. However, we feel that you will enjoy participating in the program and will not want to miss any sessions.

The participant may withdraw at any time without ill will or affecting his university standing and receive a full refund.

The project directors agree to present a fair Assertiveness Program and not to make any unreasonable demands of the participant. The participant may, however, refuse any request if he/she so desires.

The project directors agree to keep all personal data and results confidential.

I have read the above pages where the nature, demands, risks and benefits of the project have been explained to me. I understand that I may ask questions and that I am free to withdraw from the project at any time.
I also understand that this consent form will be filed in an area designated by the Human Subjects Committee with access restricted to principal investigator or authorized representatives of the particular department.

Participant

Director

Witness

Date
APPENDIX B

BEHAVIORAL ROLE PLAYING ASSESSMENT

Instructions

Narr: 1

Presented on this tape are a number of everyday situations likely to be encountered by college students. In general, they represent situations in which an individual is faced with a conflict or a frustration. In most instances, the person is somehow "put on the spot". That is, some form of response is required, but the best response is not always readily apparent.

In this experiment, you will be presented with a number of these difficult situations. Each of the conflicts presented will be described fully as if it were happening to you at that very moment. You are to listen carefully to the description and imagine each situation as carefully and as clearly as possible. Try to visualize each situation in detail, as if it were actually happening to you. After the situation has been described in full, a bell will sound, like this (BELL). When you hear the bell, you are to speak into the microphone in front of you, saying what you think would be the best, most appropriate thing to say in that situation. Respond as rapidly as you can following the bell. Don't think too long about what you want to say, since in real life you don't have a chance to think for very long.

Before beginning the actual experiment, we will give you an opportunity to listen to an example. We will present a sample situation and then you will hear how three students responded. Here is an example:

Narr: 2

Imagine that it's late in the evening. About half an hour ago you were sitting at your desk in your room, trying to study for an important exam tomorrow, when three of your friends dropped by for a visit. Now, half an hour later they're still firmly entrenched in your room and although they know you have an exam, they don't seem at all anxious to go. In fact, they've been talking and laughing and playing music for so long, it's beginning to look as if they may never leave! . . . Now you're beginning to feel panicked. You must get back to your studying . . . but your friends are making no move to leave. Well, there's only one
thing to do! If you want to get them to leave, you'll have to tell them to go! Ah . . . here's a lull in the conversation; this is your chance . . .

Male Model

"Hey, I really hate to break this up, but I really have to study, uh, so maybe we could, uh, carry on where we left off a little later."

Narr: 1

A second student, dealt with the same situation in the following manner:

Female Model

"Um, hey you guys. I've got a pretty important test tomorrow, and I think I better get back to the books. Um, why don't you, um, go next door? Sounds like there's a little party going on over there; and I'll just, uh, study. Maybe I can join you a little later on."

Narr: 2

And still a third student gave the following reply to the situation:

Male Model

"Hey fellows, uh, I got a . . . I have a test tomorrow. Uh, yeah, I gotta study."

Narr: 1

Now you will be given an opportunity to practice on this same sample situation. Remember, listen carefully to the situation as it's described. Imagine that it's happening to you this very moment. And then, when you hear the bell, respond as quickly as possible with the most appropriate response that you can. Here is the sample situation:

Imagine that it's in the evening. About half an hour ago you were sitting at your desk in your room, trying to study for an important exam tomorrow, when three of your friends dropped by to visit. Now, a half hour later, they are still firmly entrenched in your room, and although they know you have an exam, they don't seem at all anxious to go. In fact, they've been talking and laughing and playing music for so long
that it's beginning to look as if they may never leave. . . . Now you're beginning to feel somewhat panicked. You feel you must get back to your studying, but your friends are making no move to leave. Well, there's only one thing to do! If you want to get them to leave, you'll have to tell them to go! Ah, here's a lull in the conversation; this is your chance. (BELL SOUNDS GIVING SUBJECT CUE TO RESPOND.)

(PAUSE. SUBJECT RESPONDS.)

Narr: 2

Now you will be given 12 difficult situations. Here's the first one. Imagine you are the proud new owner of a $125 Bulova Accutron watch. Now you are walking down the street, in front of the Union Building, and the chimes begin to signal that it's noon time. Just to see how accurate the old chimes are, just to see how many seconds the bells are off, go ahead and check your new Accutron. Hey! wait a minute. The watch shows it's 10:30, and the second hand isn't even moving! My gosh, only one week old and it's already broken. Oh dear; well, you've got nothing special to do now, so maybe you'd better take it back to Schwartz' Jewelery Store and return it . . . Okay, now you've arrived at the jewelery store, you're standing in front . . . Now you walk in through the door and you walk up to the counter, to where Mr. Schwartz is standing. And he greets you:

Schwartz: "Good afternoon; may I help you?"

(BELL SOUNDS GIVING SUBJECT CUE TO RESPOND.)

(PAUSE. SUBJECT RESPONDS.)

Narr: 1

All right, here is situation number 2: Imagine that it's eight o'clock, Saturday night, fifteen minutes before a big date. You are in your room, combing your hair, in front of the mirror, and thinking about the big date that you have tonight. It's your first date with this person, and you really feel good about it. Suddenly the phone rings. You walk across the room . . . and pick up the receiver. It's your date calling.

Date

"Hello. Gee, I don't know how to say this, but . . . uh, I hope you won't be mad . . . but I'm afraid I can't go out with you tonight. I'm really sorry, but see, I have this big exam on Monday, and I really feel I should stay in tonight and study for it. I hope you're not too disappointed." (BELL SOUNDS GIVING SUBJECT CUE TO RESPOND.)

(PAUSE. SUBJECT RESPONDS.)
Here is situation number 3: It's Friday night -- the end of a rough week in school. You are now at a party one of your friends is having. This is the only way to end a week. There's just no end to the music here, and the food is really delicious. Look at all these people. Wait a minute. Isn't that one of your professors over there? He doesn't know you, since he teaches a large lecture course, but he seems like such an interesting and knowledgeable person that you'd really like to meet him. Hey, he's beginning to walk over your way . . . He's just about to you now, and as he looks at you and smiles, this is your chance to say something . . . (BELL SOUNDS GIVING SUBJECT CUE TO RESPOND.)

(PAUSE. SUBJECT RESPONDS.)

Here is the next situation: Imagine that it is evening and you are sitting alone at a table in a plush restaurant, waiting for your dinner. You are feeling hungry and looking forward to a good meal. You've ordered a medium broiled steak for dinner. Now, as you wait for your food, you look around the room at all the men and women in the restaurant. Everyone is chatting away, drinking wine, and eating dinner, and having a fine time. Finally, the elegantly dressed waiter arrives with your steak on a silver platter. He serves it to you, and your mouth waters as you look down at the sizzling steak . . . But, when you cut into the meat, you see that it's much too rare for you to eat. At this point, the waiter's just leaving your table, and says to you:

Waiter: "I trust everything is satisfactory?"
(BELL SOUNDS GIVING SUBJECT CUE TO RESPOND.)

(PAUSE. SUBJECT RESPONDS.)

Here is situation 5: In this situation, try to imagine yourself on an everyday, nine-to-five desk job for some employer. Today's work load has been particularly heavy and frustrating, but . . . at least you're going to relax tonight, because at 8 o'clock you're going to the opening performance by the Wisconsin Players. You look at the clock and it shows 4:30. Hmmm . . . you'll just have enough time after work to get home, take a bath, eat, and pick up your friends who have asked for a ride to the play. Good thing you have your tickets ready. You look at the clock again, and just as you do, you notice that your boss is walking over to your desk. Wonder what he's got to say?
Boss

"Say, we're awfully busy today. I wonder if you wouldn't mind working overtime tonight 'till about nine . . . How about it?"
(BELL SOUNDS GIVING SUBJECT CUE TO RESPOND.)

(PAUSE. SUBJECT RESPONDS.)

Narr: 1

OK, now imagine that you're walking on the mall late one Sunday afternoon when you see a girl who you casually recognize as being in one of your classes. She is sitting by herself on the grass and looks very upset. You can tell that she has been crying. Even though you don't really know her, she has always seemed very nice and you feel that you would like to ask her if there is anything you can do to help now. You're just about to walk by her, and if you're going to talk to her it will have to be now. (BELL)

Narr: 2

Here is the seventh situation: Your roommates never do their share of the work in cleaning the apartment. They always leave a mess. Your parents are coming to visit you today, and this morning you told your roommates about this. You hoped that they would take the hint and clean up their mess.

Imagine now that you are returning to your room after class. As you enter, you look around the room. You see that one of your roommates, the messiest one, has once again made a complete shambles of the place. There are books, papers, cigarette butts, and old laundry all over the furniture and the floor. You see this roommate sitting at the desk. Your parents are coming soon. And you realize that you must do something to get the room clean right away. You must speak with your roommate. You walk across the room. Now you are standing next to your roommate, and you say . . . (BELL)

Narr: 1

Here is the next situation. Imagine that this morning you took your car to a local Standard station and when you brought it in you explicitly told the mechanic to give you a simple tune up. The bill should have been about $20.00. It's now later in the afternoon and you're at the station to pick up your car. The mechanic is walking over to you.
Mechanic

"Okay, let me make out a ticket for you. The tune up was $12.00 for parts and $8.00 for labor, grease, and oil job $6.00, anti-freeze was $5.00, $4.00 for a new oil filter, and $5.00 for rotating tires. That's $40.00 in all. Will this be cash or charge? (BELL)

Narr: 2

Here is the 9th situation. Imagine that you loaned $10.00 to a friend some time ago with the understanding that he'd pay it back to you the next day. It's been weeks now and he hasn't re-paid it. Whenever you see him, which is rare now that he owes you money, he never mentions the over-due debt. You're beginning to wonder if he ever intends to pay you back. Imagine that it's late afternoon and you're walking down the street on your way home from class. Suddenly, you feel someone tap you on the shoulder. You turn around and see your friend, the one who owes you the money. He smiles at you and says.

Man

"Hi, how you doin', haven't run into you in a long time. Say, maybe you could help me out. I was just on my way over to the drug store now, you know, and I was going to buy some cigarettes but I realize I don't have any money with me. Could you lend me another $.35 to save me a trip back to the dorm?"
(BELL SOUNDS, GIVING SUBJECT CUE TO RESPOND.)

(PAUSE. SUBJECT RESPONDS.)

Narr: 1

Now for the tenth situation. You've just heard a guest speaker on a topic you are very interested in give a lecture in the Modern Languages Auditorium. The people are starting to file out of the room but you would like to thank the speaker and tell him how much you enjoyed the talk. You get out of your seat and walk towards the podium. He's starting to head towards the side exit and as you overtake him you say (BELL)

Narr: 2

Here is the next situation. In this scene picture yourself standing in the ticket line at the Gallagher Theatre. You've been in line now for at least ten minutes, and it's getting pretty close to show time. You're still pretty far from the beginning of the line and you're starting to wonder if there will be enough tickets left. There you are,
waiting patiently, when two people walk up to the person in front of you, and they begin talking. They're obviously all friends, and they're going to the same movie. You look at your watch and notice that the show starts in just two minutes. Just then, one of the newcomers says to his friend in line:

Man

"Hey, the line's a mile long... how 'bout if we cut in here with you?"

Friend

"Sure, come on in."

Narr: 2

And as the two people squeeze in line between you and their friend, one of them looks at you and says:

Man

"Excuse me. You don't mind if we cut in, do you?" (BELL)

Narr: 1

Now for the last situation. Once again you're out walking on the mall, only now it's a crowded Wednesday morning. Over there, sitting on the grass you see a person who has their hair cut just the way you would like yours done. In fact you were planning to get a haircut very soon and you didn't like the way the last place did it. Why not ask that person where they got theirs? You walk up to the person and say (BELL)
APPENDIX C

THE COLLEGE SELF-EXPRESSION SCALE

The following inventory is designed to provide information about the way in which you express yourself. Please answer the questions by filling in the appropriate number on the computer answer sheet. Remember to use pencil and to write your numbers just like they appear on the computer sheet examples. Use the numbers 0 (almost always), 1 (usually), 2 (sometimes), 3 (seldom), or 4 (never or rarely). Your answers should reflect how you generally express yourself in the situation.

0: ALMOST ALWAYS OR ALWAYS  1: USUALLY  2: SOMETIMES  3: SELDOM
4: NEVER OR RARELY

1. Do you ignore it when someone pushes in front of you in line?
2. When you decide that you no longer wish to date someone, do you have much difficulty telling the person of your decision?
3. Would you exchange a purchase you discover to be faulty?
4. If you decided to change your major to a field which your parents will not approve of, would you have difficulty telling them?
5. Are you inclined to be over-apologetic?
6. If you were studying and if your roommate were making too much noise, would you ask him to stop?
7. Is it difficult for you to compliment and praise others?
8. If you are angry at your parents, can you tell them?
9. Do you insist that your roommate does his fair share of the cleaning.
10. If you find yourself becoming fond of someone you are dating, would you have difficulty expressing these feelings to that person?
11. If a friend who has borrowed $5.00 from you seems to have forgotten about it, would you remind this person?
12. Are you overly careful to avoid hurting other people's feelings?
13. If you have a close friend whom your parents dislike and constantly criticize, would you inform your parents that you disagree with them and tell them of your friends assets?
14. Do you find it difficult to ask a friend to do a favor for you?
15. If food which is not to your satisfaction is served in a restaurant, would you complain about it to the waiter?
16. If your roommate without your permission eats food that he knows you have been saving, can you express your displeasure to him?
17. If a salesman has gone to considerable trouble to show you some merchandise which is not quite suitable, do you have difficulty in saying no?
18. Do you keep your opinions to yourself?
19. If friends visit when you want to study, do you ask them to return at a more convenient time?
20. Are you able to express love and affection to people for whom you care?
21. If you were in a small seminar and the professor made a statement that you considered untrue, would you question it?
22. If a person of the opposite sex whom you have been wanting to meet smiles or directs attention to you at a party, would you take the initiative in beginning conversation?
23. If someone you respect expresses opinions with which you strongly disagree, would you venture to state your own point of view?
24. Do you go out of your way to avoid trouble with other people?
25. If a friend is wearing a new outfit which you like, do you tell that person so?
26. If after leaving a store you realize that you have been "short-changed", do you go back and request the correct amount?
27. If a friend makes what you consider to be an unreasonable request, are you able to refuse?
28. If a close and respected relative were annoying you, would you hide your feelings rather than express your annoyance?
29. If your parents want you to come home for a weekend but you have made important plans, would you tell them of your preference?
30. Do you express anger or annoyance toward the opposite sex when it is justified?
31. If a friend does an errand for you, do you tell that person how much you appreciate it?
32. When a person is blatantly unfair, do you fail to say something about it to him?
33. Do you avoid social contacts for fear of doing or saying the wrong thing?
34. If a friend betrays your confidence, would you hesitate to express annoyance to that person?
35. When a clerk in a store waits on someone who has come in after you, do you call his attention to the matter?
36. If you are particularly happy about someone's good fortune, can you express this to that person?
37. Would you be hesitant about asking a good friend to lend you a few dollars?
38. If a person teases you to the point that it is no longer fun, do you have difficulty expressing your displeasure?
39. If you arrive late for a meeting, would you rather stand than go to a front seat which could only be secured with a fair degree of conspicuousness?
40. If your date calls on a Saturday night 15 minutes before you are supposed to meet and says that she (he) has to study for an important exam and cannot make it, would you express your annoyance.
41. If someone keeps kicking the back of your chair in a movie, would you ask him to stop?
42. If someone interrupts you in the middle of an important conversation, do you request that the person wait until you have finished?
43. Do you freely volunteer information or opinions in class discussions?
44. Are you reluctant to speak to an attractive acquaintance of the opposite sex?
45. If you lived in an apartment and the landlord failed to make certain repairs after promising to do so, would you insist on it?
46. If your parents want you home by a certain time which you feel is much too early and unreasonable, do you attempt to discuss or negotiate this with them?
47. Do you find it difficult to stand up for your rights?
48. If a friend unjustifiably criticizes you, do you express your resentment there and then?
49. Do you express your feelings to others?
50. Do you avoid asking questions in class for fear of feeling self-conscious?
APPENDIX D

SELF-EVALUATION QUESTIONNAIRE
STAI FORM X-2

<table>
<thead>
<tr>
<th>NAME</th>
<th>DATE</th>
</tr>
</thead>
</table>

DIRECTIONS: A number of statements which people have used to describe themselves are given below. Read each statement and then blacken in the appropriate circle to the right of the statement to indicate how you generally feel. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe how you generally feel.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Almost Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. I feel pleasant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>22. I tire quickly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>23. I feel like crying</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>24. I wish I could be as happy as others seem to be</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>25. I am losing out on things because I can't make up my mind soon enough</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>26. I feel rested</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>27. I am &quot;calm, cool, and collected&quot;</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>28. I feel that difficulties are piling up so that I cannot overcome them</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>29. I worry too much over something that really doesn't matter</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>30. I am happy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>31. I am inclined to take things hard</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>32. I lack self-confidence</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>33. I feel secure</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td></td>
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<td>---</td>
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<td></td>
</tr>
<tr>
<td>34.</td>
<td>I try to avoid facing a crisis or difficulty</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>35.</td>
<td>I feel blue</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>36.</td>
<td>I am content</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>37.</td>
<td>Some unimportant thought runs through my mind and bothers me</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>38.</td>
<td>I take disappointments so keenly that I can't put them out of my mind</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>39.</td>
<td>I am a steady person</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>40.</td>
<td>I get in a state of tension or turmoil as I think over my recent concerns and interests</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
APPENDIX E

INTRODUCTORY MEETING INFORMATION

Now that we have had an opportunity to meet you all and to take preliminary measures we would like to describe the program in which you will be participating in some detail. Over the last fifteen years a significant amount of research has been done to develop ways to help people who feel shy and unassertive become more self confident and assertive. Psychologists from around the country have studied the reasons why some people often feel unassertive in certain situations and they have devised a number of tested and proven techniques for effectively making people more assertive. Assertiveness Training techniques, very similar to those we will be using in this program have been used by many psychologists and counselors. (Continue here for book groups.)

One of the most well known researchers in Assertiveness Training is Manuel J. Smith, a psychologist at UCLA. He has spent the last ten years studying assertive behavior and teaching Assertiveness Training workshops. In 1975 he put out a book which summarized the things he teaches people in his courses. The book, When I Say No, I Feel Guilty, has since become a well known best seller, mainly because it presents the techniques of Assertiveness Training in such a clear, simple yet successful fashion. Reading this book, thinking about the examples given, and trying the techniques out in your everyday life will help you become more assertive and self confident.
We're going to give you a copy of When I Say No, I Feel Guilty. Please read it carefully and then come back in a month to see how you've done. We would like you to keep in touch during the month however, and so we're going to put an envelope at the Psychology Clinic desk for you to report in on. We want you to stop in each Friday and drop us a short note saying what chapters you've read that week and perhaps some short comments if you feel like it.

We're going to give you a copy of When I Say No, I Feel Guilty. Please read it carefully. We would also like to get together for an hour each week to informally talk about what you've read and how its helped you. The group will meet on Wednesday afternoons 4-5:30 for the next five weeks. (If you can't make it you can still participate in the project however.) For the first meeting, your assignment is to read chapters 1-3.

Dr. Mary Beavers, a psychologist at the counseling center will be running your Assertiveness Training group. You will be meeting for 90 minutes once a week for five weeks. Before I introduce you to her however,

I would like to let you know that there will be a $5 refundable charge for participating in the program. What this means is that we are asking
you to deposit $5 with us. The money will be refunded to you at the end of the project if you fulfill your obligations.
APPENDIX F

MULTIPLE CHOICE EXAM OF

WHEN I SAY NO, I FEEL GUILTY

For each of the following questions select the answer that describes the skill being used.

A. BROKEN RECORD  
B. FOGGING  
C. FREE INFORMATION  
D. NEGATIVE ASSERTION  
E. NEGATIVE INQUIRY  
F. SELF-DISCLOSURE  
G. WORKABLE COMPROMISE

1. A skill that by calm repetition — saying what you want over and over again — teaches persistence without your having to rehearse arguments or angry feelings beforehand, in order to be "up" for dealing with others.

2. A skill that teaches acceptance of your errors and faults by strongly and sympathetically agreeing with hostile or constructive criticism of your negative qualities.

3. A skill that teaches acceptance of manipulative criticism by calmly acknowledging to your critic the probability that there be some truth in what he says, yet allows you to remain your own judge of what you do.

4. A skill that allows you to, whenever you feel that your self-respect is not in question, offer reasonable bargains and modification of your desires.

5. A skill that teaches the acceptance and initiation of discussion of both the positive and negative aspects of your personality, behavior, lifestyle, and intelligence, to enhance social communication and reduce manipulation.

6. A skill that teaches the active prompting of criticism in order to use the information (if helpful) or exhaust it (if manipulative) while prompting your critic to be more assertive and less dependent on manipulative ploys.

7. A skill that teaches the recognition of simple cues given by a social partner in everyday conversation to indicate what is interesting or important to that person.
8. Two skills that must be mastered in order to improve interpersonal social communications.

For each of the following dialogues, select the answer which best describes which skill is being used.

9. Job Interviewer: You've left your last two jobs after less than three months. Are you a quitter?
   You: It's true that I don't like to stay at a job where I've been treated unfairly.

10. Your Parents: I get really worried when you don't write or call us at least twice a week.
    You: What is it about my not writing all the time that upsets you?

11. Salesman: Well I can't give you a full refund but how about $10?
    You: I'm sorry, that's not fair. I want my money back!

12. Salesman: Well I can't give you a full refund but how about $10?
    You: I think that $15 is a lot fairer. Okay?

13. Friend: I told you that you shouldn't have bought that used album. It's scratched just like I predicted.
    You: You're right. That was a dumb thing to do. I got ripped off.

14. Inconsiderate TA: It really bothers me how many stupid questions you ask in class. Can't you read the chapter before coming?
    You: You're right. I don't seem to know the material as well as you do yet.
Dear Participant:

Now that the project is drawing to a close, we'd like to take this opportunity to thank you and tell you a little more about our study. The data you have given us (your answers to the tape and questionnaires) is being used to try and answer an interesting question: Can you learn to become more assertive by reading a book about it?

To find out, we gave some people a book on Assertiveness Training and had others take part in an Assertiveness Training group at the Counseling Center. Another group of people read the book and also took part in a discussion group. Lastly, some people served as a control group and received no actual treatment other than responding to the tape. However, these last people later received a free copy of the book at the end of the program in order to give them the opportunity to also learn about assertive behavior.

It's still too early to tell whether reading the book is helpful. What we plan on doing is comparing the improvement made by people who read the book with people who took part in the group at the counseling center (since we already know that Assertiveness Training groups are usually helpful). We will compare the difference between your performance on the tape in the beginning and at the end of the project. Also we will look at the expected improvement on the various questionnaires you completed at the beginning and again at the end, after treatment.

Once again, though, thank you for taking the time to help out. We hope that you have learned (or will learn, if you haven't yet read the book) some valuable and important things to help you become more outgoing, self-confident, and assertive. If you have any further questions, feel free to ask the research assistant who is with you or call me, Fred Schindler, project director, at 325-8049.

Sincerely,

Fred Schindler
Pat Franck
Steve Sabb
Ben Gellman
Patty Lafferty
LITERATURE CITED


Gambrill, E. D. n.d. A behavioral program for increasing social interaction. Unpublished manuscript, University of California, Berkeley, California.


