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Assertiveness Training and Christian Values

Scot A. Bolsinger

Mark R. McMinn
George Fox University, mmcminn@georgefox.edu

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Assertiveness training, like any psychotherapeutic procedure, requires an understanding and tolerate of various values of clients. Studies exploring the relationship between religious values and assertiveness are reviewed. Ideological obstacles in assertion training with religious clients are considered, and appropriate therapeutic strategies suggested. The importance of presenting a rationale for treatment and of understanding the client's value system is emphasized.

Assertiveness training has been extensively used in behavior therapy and other forms of psychotherapy (see Galassi & Galassi, 1978). Initially promoted by Wolpe (1958), assertive behavior is perceived as fundamental ingredient to interpersonal communication by many therapists. Assertiveness training has become a popular method of treating those with depression and those who lack self-esteem and communication skills. Self-help books on the topic have proliferated.

Many have emphasized the need to understand religious values of clients (Beit-Hallahmi, 1975; Bergin, 1980; Larson, Pattison, Blazer, Omran, & Kaplan, 1986; McLemore & Court, 1977; McMinn, 1984; Peteet, 1981; Saeks, 1985; Stovich, 1985). Others have argued that religious values are dissimilar to other cultural values in that religious thought contributes to psychopathology (Ellis, 1980; London, 1976; Walls, 1980). But there is no evidence that sincerely religious persons are more inclined toward psychopathology (Bergin, 1983; Donahue, 1985). Sensitivity to and awareness of clients' religious traditions is an important element of effective treatment.

Some psychotherapy outcome researchers have begun to leave questions of global effectiveness in favor of less global, more idiographic methodologies (see Strupp, 1978). Which therapist using which techniques works best with which clients? Such idiographic considerations require careful evaluation of religious values in client-therapist matching (McMinn, 1984) and client-technique matching (McMinn & Lebold, 1989). Assertiveness training needs to be evaluated with similar

idiographic considerations. If these considerations are not properly understood and addressed, the differing religious values of clients and therapists can hinder the effectiveness of assertiveness training.

Below, we review the relevant studies on assertiveness and religious values, highlight potential ideological obstacles to effective assertiveness training with religious clients, and suggest clinical methods to alleviate the obstacles as much as possible.

Assertiveness and Values

Existing research is sufficient to conclude that cultural values affect the desirability and use of assertive behaviors (Delamater & McNamara, 1986). For example, sex-role traditionalism in New York Puerto Rican women is inversely related to assertiveness (Soto, 1983), and Mexican-American students are less assertive than are their Anglo counterparts (Hall & Beil-Warner, 1978; Kagan & Romero, 1977). Moreover, those of Asian descent, even third-generation Americans, are less assertive than are those of European descent (Fukayama & Greenfield, 1983; Johnson & Marsella, 1978; Yanagida, 1979). Margalit & Mauger (1985) found that the Israelis in their study were more aggressive but less assertive than the Americans. Even the factor structure of the assertiveness construct varies from culture to culture (Furham, 1979).

Alberti and Emmons (1978), authors of a popular self-help book on assertiveness, noted that "behavior classified as assertive is appropriate to the environment and culture in which it is exhibited, and may not be considered 'assertive' in a different socio-cultural environment" (p. 189). Different cultures are not specific to other countries only. There are many segments of society in the United States that reflect different cultures within a broader culture. The role of varying cultural values, such as religious values, must be considered in order to refine the application of assertiveness training with individual clients.

Although it is clear that assertiveness is a construct dependent on values, relatively little attention has been given to the place of religious values in assertiveness training. Most studies relating assertiveness to religious values have focused on Christian religious beliefs. One exception is a debate about a case study in which Karma Yoga was used along with assertion training to treat a woman with morbid and sexual fantasies (Rossman,

1981; Singh & Oberhummer, 1981). But this debate focuses more on the pragmatic aspects of treatment effectiveness rather than consideration of the role of values in assertiveness training.

Only one study has investigated assertiveness training with Christian clients. Swenson (1976) provided pretreatment to subassertive Christian college students by emphasizing the congruence between Biblical teaching and assertive behavior. Participants showed greater increases in assertiveness, including an affective component 'of assertiveness, than did participants receiving a different pretreatment or no pretreatment. He emphasized the importance of understanding and working within the value system of the client in doing assertiveness training.

Other studies have focused on the assertiveness characteristics of religious individuals rather than on the treatment of religious individuals with assertiveness training. Edwards (1978) found assertiveness to be positively related to Sunday morning worship attendance but inversely related to Sunday school and midweek attendance. Bufford (1981) cited a study by Mauger, Adkinson, and Simpson (1979) indicating that a fundamentalist group scored lower on assertiveness measures than did a nonreligious group and a group of Christian university students. Thus, there may be denominational differences in assertive behavior. Campagna (1981) found Roman Catholic seminary students to be less assertive than Protestant seminary students. York (1982) found a negative relationship between burnout and assertiveness among Protestant pastors. There was also an interaction between aggressiveness and assertiveness with high aggressive-low assertive pastors perceiving their ministries to be less successful than did other pastors.

Other publications on assertiveness and religious values have been theoretical and conceptual. Russell (1983) argued that assertive behavior is compatible with Christian theology and that Christian objections to assertiveness are based on misunderstandings. Similarly, McAllister (1975), Moy (1980), and Sanders and Malony (19S2) have argued that assertiveness training is consistent with Christian values. Snyder (1982) suggested that Jesus Christ behaved assertively, but that he was able to express himself in varied ways ranging from self-effacement to aggressiveness. Bufford's (1981) analysis is a more critical appraisal of the relationship between assertiveness and Christianity. Although he believes that the concept of assertiveness is fundamentally compatible with Christian thought, he is careful to note some differences of emphases. The basis of authority is different for Christians, presumably coming from God rather than cultural consensus. Bufford also has argued that Christians consider others first but also consider themselves.

This is distinct from the assumption of many assertiveness writers that one should consider self first but also take others into account.

Thus, the research on doing assertiveness training with religious clients is minimal. There is one case study using Karma Yoga, one experimental study using a Biblically-based pretreatment for Christian college students, several descriptive studies about the assertiveness of religious individuals, and several theoretical articles investigating the compatibility between assertiveness and Christian thought. There have been no empirical or theoretical contributions addressing *how* therapists best introduce and implement assertiveness training with religious clients. We address this issue in the remainder of this article. Therapists who insensitively progress with assertiveness training without considering a client's religious values may introduce several ideological barriers that will, in turn, interfere with therapeutic progress. We will limit our consideration to Christian clients, because this is the most common religion encountered in Western societies and because our experience with religious clients comes almost exclusively from working with Christians.

Ideological Obstacles with Christian Clients

Religious clients often bring unrealistic beliefs about psychology into therapy (Rayburn, 1985). These beliefs require an accepting atmosphere, especially by a therapist who does not share the client's religious worldview.

> Clients are concerned about discussing their own beliefs and curious about the therapist's religious position. When they express their own beliefs they want to make sure that these are not going to be rejected or ridiculed. They may also be looking for support and confirmation. This behavior may be interpreted either in the framework of transference and identification, or in the framework of a human encounter. (Beit-Hallahmi, 197.5, p. 359)

The therapy-related beliefs of Christian clients may be exacerbated by some recent antipsychology writings. *The Seduction of Christianity* by Hunt and McMahon (1985) has sold nearly half a million copies and is a scolding condemnation of secular psychological methods. Many Christian clients will come to therapy having been exposed to the arguments presented by these authors (see also Hunt, 1987). Confronting the client's beliefs actively will probably be counterproductive.

> A frontal attack on highly cherished beliefs will, I believe, tend to lead to greater resistance to change or, in response to the overwhelming barrage form the RET therapist, a token surrender that does not lead to a true or substantive belief change. (Marzillier, 1987, p. 150)

Thus, it is important to work within the value framework of Christian clients. This framework may not be as resistant to psychological intervention as it first seems if time is taken to introduce concepts and techniques with care.

Assertiveness and Aggression

The controversial relationship between assertiveness and aggression has been addressed on numerous occasions (Alberti &: Emmons, 1978; Bufford, 1981; DeGiovanni & Epstein, 1978; Faul & Ausberger, 1980; Moy, 1980; Russell, 1983). Some scales have been more able than others to make the distinction between the two constructs (see Bufford, 1981).

Specifically addressing this distinction with religious clients is usually appropriate because it may not readily apparent to all clients. Two strategies are useful in making this distinction. First, clients may profit from hearing careful definitions of assertiveness and aggressiveness. The confusion is understandable because clinicians and authors have occasionally used the terms interchangeably (Russell, 1983). By carefully defining both terms, using examples to demonstrate the differences, clients' concerns may be resolved. McCampbell and Ruback (1985), wrote that to "maintain positive social relationships, assertion trainers should continue to focus on teaching the difference between assertion and aggression" (p. 68).

Second, it is often useful to describe assertiveness as a way to improve interpersonal relationships. Many Christian clients seem to assume otherwise. Sanders and Maloney (1982) pointed out that "assertiveness … sets forth the kind of loving honesty that tends to bring people closer together" rather than farther apart … Aggressiveness seeks only the best for the aggressor" (p. 252). Faul & Ausberger (1980) diScerned that in assertive behavior, "there are no accusations, no blaming, no aggressive attack" (p. 25). These distinctions are helpful to clients trying to assess the danger of secular therapy.

Assertiveness and Women

Some studies have indicated that women are less assertive than men (Edwards, 1978; Moody, 1979), whereas others have indicated little or no relationship (see Delamater & McNamara, 1986, for review). This is almost certainly complicated by certain religious teachings; for example, "women should remain silent in the

churches. They are not allowed to speak, but must be in submission, as the Law says" (Holy Bible, 1978, I Corinthians 14:34). Another example of such teachings is, "Wives submit to your husbands as to the Lord. For the husband is the head of the wife …" (Holy Bible, 1978, Ephesians 5:22-23).

With biblical mandates such as these, it is not surprising that many Christian women, especially those from fundamentalist churches, are reluctant to accept assertiveness as a Christian virtue. Many Christian denominations perceive these Biblical mandates as cultural, taking a more progressive stance on women's roles. Other denominations, however, have continued to emphasize the woman's role as submitter and follower. In her sample of Puerto Rican women, Soto (1983) found traditionalism of sex roles to be inversely related to assertiveness.

Two latent, but potentially disruptive, ideological barriers can be prevalent in training Christian women to be more assertive. The first is the fear of disruption in the family structure. The woman may feel that those in her family will be angered if she were to assert her feelings and emotions. With potential disapproval by her family, friends, and church, the risk of assertive behavior may be too great. In many cases, this will be a significant treatment issue because inhibited verbal expression is related to depression (Culkin & Perrotto, 1985). Therapists will likely have more progressive homes and may minimize the reality of clients' concerns, perhaps causing even greater verbal inhibition in therapy. Some families might be disrupted by greater assertion on the part of the woman client. This does not mean therapists should avoid assertiveness training but indicates the importance of understanding family systems. To promote assertiveness in these situations, it may be necessary to work with the entire family. The female client and the family can be assured that the ultimate goal is to strengthen communication and relationships within the family, but that some temporary disruption may occur as the roles are being redefined. To teach assertiveness without considering family dynamics often creates disturbance in the family, exacerbating other conflicts in clients. Kay-Reczek (1977) found assertiveness training to increase feelings of dominance in women, so it is likely that some redefinition of sex roles will occur when submissive women undergo assertiveness training. Similarly, Delamater and McNamara
(1986) concluded after reviewing the literature, "although assertiveness is often perceived as competent and skillful social behavior, it also is often viewed as less likable, desirable, and considerate than is unassertiveness" (p. 154). The obvious effect on family dynamics warrants careful therapeutic consideration. Helping other family members understand and support assertive behavior increases the likelihood of successful intervention.

A second ideological barrier is the perceived irrelevance of assertiveness training. A female client who places high value on submissiveness may believe the therapist is addressing an unimportant issue by teaching assertiveness training. "What does this have to do with my depression?" is a likely question. It is equally likely that the question, exists but is never verbalized, if the client is passive and submissive. By anticipating the question, sensitive therapists can point to the long-term goal of assertiveness training. Indeed, some studies have shown assertiveness training to be effective in the management of depression (Rude, 1986; Sanchez, Lewinsohn, & Larson, 1980), and another has indicated assertiveness is incompatible with anxiety problems (Pachman & Foy, 1978).

Assertiveness and Turning the Other Cheek

One tenet of Christian thought is self-sacrifice. Sanders and Malony (1982) wrote, "[Christians] read the scripture and ask how one can be assertive and still remain true to Christ's admonitions to sacrifice self" (p. 251). Ramanaiah, Heerboth, and Jinkerson (1985) found nonassertive persons to be more inclined to be self-abasing, thus nonassertive Christian clients might find self-sacrifice a particularly salient construct. Because most Christians believe that the scriptures are the inspired word of God, any misunderstandings that seem to discredit or contradict Scripture are likely to hinder the effectiveness of assertiveness training. By addressing this issue early on, the client may be more receptive and positive toward the treatment.

In addressing the desire for self-sacrifice it is important to help the client gain clarity of goals. Alberti and Emmons (1978) have discussed a re-education process that draws on the true aspects of assertiveness and examines the compatibility between assertion and religious convictions. Delamater and McNamara (1986) concluded, "In order to maximize the probability that initial behavior change efforts will be successful and positively viewed, assertiveness trainers should caution clients to recognize the needs of the person receiving the assertive behavior" (p. 151). However, this re-education process is not always unilateral. It may be important for therapists to confer with a Christian therapist or a member of the clergy from the client's denomination. Some redefinition of assertiveness on the therapist's part may be necessary. For example, Bufford (1981) concluded that instead of considering oneself first and others also, Christians reverse the order, considering others first and oneself also.

Didactic strategies can be useful in demonstrating that assertiveness and self-sacrifice are not mutually exclusive. "Turning the other cheek" can become a rationalization for avoiding conflict. Many examples from Biblical writings and church history can be found in which conflict is assertively addressed rather than avoided (Snyder, 1982). The nonreligious therapist may need to confer with others to gain the needed background to acquire and properly value this information.

Recommendations for Therapists

Openness to Values Discussion

Understanding assertive behavior in the context of the client's religious beliefs is an important first step. Clearly, therapists differ in the way they perceive the religious values of clients. This is illustrated by the tendency for religious therapists to make more internal attributions for nonreligious clients and for nonreligious therapists to make more internal attributions for religious clients (Houts & Graham, 1986). The religious values of therapists influence the way clients are perceived, making an open discussion of values a difficult therapeutic task. Nonetheless, it is an important task.

Clients seem to want open consideration of religious values in therapy. A recent survey study showed that 79% of respondents believed religious values were important to discuss in therapy. Over half of the respondents preferred to seek therapy at a pastoral counseling center (Quackenbos, Privette, & Klentz, 1985). Propst (1980) cited two studies, concluding that "highly religious clients are more likely to terminate or less likely to benefit from therapy when the counselor does not share their religious belief system, or does not encourage it or make use of it in therapy" (p. 168).

Defining Assertiveness

A careful introduction and definition of assertive behavior is important. Many clients, perhaps especially religious clients, have preconceived notions of what assertiveness is. A pastor recently confronted one of us with the observation that gentleness and assertiveness are opposites. This is an inadequate definition of assertiveness, but perhaps many Christians have similar definitions.

Rimm and Masters (1979) gave the following useful definition in their behavior therapy textbook:

1. Assertive behavior is interpersonal behavior involving the honest and relatively straightforward expression of thoughts and feelings.
2. Assertive behavior is socially appropriate.
3. When a person is behaving assertively, the feelings and welfare of others are taken into account (p. 63).

This well-balanced definition is useful for clients who naively equate assertiveness only with the first of the three parts. The distinctions between aggressiveness and assertiveness fits naturally into a discussion of the definition of assertiveness.

Thought Recording

A common cognitive therapy technique, thought recording, can be useful in assessing value complications in assertiveness training. For example, a client might be instructed to act as if he or she is assertive on one occasion, during the week and then record the thoughts that occurred during and after the event. The relevant thoughts might include self-statements such as, "Good Christians wouldn't act this way," "I'm not turning the other cheek like I should," and so forth. These thoughts can then be useful in designing "experiments" in which the client collects data to confirm or disconfirm the thoughts. If "good Christians" are not assertive, then one's pastor and Christian leaders must not be assertive. The client can be asked to observe these leaders for a week and see if any assertive behaviors are noted. In most cases, clients will abandon the belief that "good Christians" are not assertive.

Clients might also be encouraged to subject their thoughts to a "historical analysis." They might read biographies of church leaders, looking to see if the leader behaved assertively. Similarly, they might read through the gospel accounts to see if Jesus behaved assertively.

Loving One's Neighbor

Assertive behavior is both self-fulfilling and prosocial. If assertiveness is perceived only as a means of self-fulfillment, it is more likely to be rejected by religious clients. If, however, other positive consequences of assertiveness can be emphasized, it is often more acceptable. Instead of addressing the question, "How

will this make you feel better?" one might ask the question, "How will this aid the communication process and encourage openness?" It is often useful to have clients think through the consequences of assertive and nonassertive behavior, focusing on the potential for strained relationships, dishonesty, and resentment.

Role playing can also be useful by having the client act out a passive response, an assertive self-sacrificial response, and an aggressive or selfish response. Concrete examples help clients see both the nature of assertiveness and the ineffectiveness of passivity.

Some clients might assume that assertiveness is loving one's self but nonassertiveness is loving a neighbor. This myth can easily be dispelled by role playing and discussing some sample situations.

Conclusion

An open consideration of values is important in psychotherapy, including assertiveness training. Existing research illustrates that values toward assertiveness vary with different ethnic and religious groups. Despite the recognition by therapists that values are important, little attention has been given to *how* they introduce and implement assertiveness training to religious clients. Our recommendations include careful definition, distinguishing between aggressive and assertive behavior, openness to discussing varying values, thought recording, and helping clients to reframe assertive behavior as prosocial behavior.

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