Assertiveness training for women

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Abstract
Women, who make up more than half the human population, face developmental experiences that traditional human development theories inadequately explain or address. Practitioners treating women have had to choose between traditional-individualistic and feminist-relational models of development. The broader implication of this theoretical choice is either the valuation or devaluation of feminine gender traits. Thus, interventions would likely vary along with underlying philosophy as would the practitioner's view of developmental wellness; This fact and related concerns are the foci of this paper.

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ASSERTIVENESS TRAINING FOR WOMEN

A Research Paper
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Master of Arts

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Carol L. Charles
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Women, who make up more than half the human population, face developmental experiences that traditional human development theories inadequately explain or address. Practitioners treating women have had to choose between traditional-individualistic and feminist-relational models of development. The broader implication of this theoretical choice is either the valuation or devaluation of feminine gender traits. Thus, interventions would likely vary along with underlying philosophy as would the practitioner's view of developmental wellness. This fact and related concerns are the foci of this paper.

For decades, researchers, theorists, and practitioners have studied human development. Based on this history, one would expect that the developmental theories which guide clinical practice would encompass the complexity and diversity of clients' lives. Until recently, theories of development were formulated by and for white males (Caffarella & Olson, 1993; Enns, 1991; Hyde, 1991). These traditional theories are generalized to all persons, although girls and women were left out at the theory building stage of psychological research (Enns, 1991; Gilligan, 1982). Feminist psychologists were among the first to suggest that something qualitatively different and significant to women might be missing from models based solely on the lives of men (Chodorow, 1978; Enns, 1991; Gilligan, 1982; Hare-Mustin & Marecek, 1988; Hyde, 1991).

Because research is based on the theorists' biases, test questions, and assumptions, it follows that research findings are the result of social constructions and are therefore subjective and value-laden (Eagly, 1994; Hare-Mustin & Marecek, 1988). Constructivists assert that researchers are not passive participants and cannot discover reality but instead invent it (Hare-Mustin & Marecek, 1988). This subjective construction of reality implies that the "real" nature of men and
women cannot be determined as was suggested by John Stuart Mill (1983) when he said that "the nature of [men and] women is by now an eminently artificial thing" (pp. 49).

Mill's (1983) use of the word "artificial" brings into question the objectivity and political neutrality of scientific tradition and the theories that emanate from it (Hare-Mustin & Marecek, 1988). Traditional theories reflect a construction of reality that stems from one worldview, typically that of white males. As these traditional "re-presentations" (Hare-Mustin & Marecek, 1988, p. 455) of reality gain acceptance, their adequacy and truth are usually assumed. Feminist psychologists have begun to debate the accuracy of developmental research embedded in patriarchal and androcentric frameworks (Hotelling & Forrest, 1985; Nicholas, Gobble, Crosse, & Frank, 1992). Most traditional theorists conclude that persons should move through sequential stages that produce individuals who are autonomous and separate - ignoring women's socialization. Because traditional developmental theories emphasize autonomy and separation instead of attachment, they are arguably not about women's unique developmental and socialization processes because those processes emphasize attachments (Brown & Gilligan, 1993; Enns, 1991; Gilligan, 1991; Nicholas et al., 1992).

In essence, feminist psychologists consider how external forces socialize or perhaps legitimize human behavior. When traditional goals of development are used to measure women's developmental progress, women are at a disadvantage due to their unique socialization process. Feminine role-taking is rewarded and reinforced by an environment that includes the influence of parents, teachers, employers, advertisers, and government policy makers (Hyde, 1991; Walters, 1993). However, the traditional goals of development include the socially desirable male stereotyped
gender traits that are pervasive in Western culture (Broverman, Vogel, Broverman, Clarkson, & Rosenkrantz, 1972; Hare-Mustin & Marecek, 1988). These traits include confidence, assertiveness, independence, competence and motivation (Broverman et al., 1972; Hare-Mustin & Marecek, 1988; Hyde, 1991; Nolen-Hoeksema, 1990). Given that the majority of developmental theories embrace traditional masculine traits as those traits that illustrate positive development, women, whose stereotyped gender traits reflect alternative characteristics, are often considered to be deficient or less developed. When measured against predominant masculine models, it is curious that what are considered "feminine" traits are by extension considered pathological: nonassertion, dependence, helplessness, and pessimism (Hyde, 1991; Nolen-Hoeksema, 1990; Walters, 1993; Wetzel, 1994).

Gender differences in health do exist, although gender is but one of several variables that contributes to human wellness (Nicholas et al., 1992). The consequence of socialized role-taking, learned helplessness, poverty, oppression, victimization and political powerlessness has been diminished adjustment (Caplan, 1992; McBride, 1990; Wetzel, 1994). Women are patients in psychotherapy more often than men, although their mental health concerns may reflect the psychopathology of our culture rather than individual dysfunction (Caplan, 1992; Eagly, 1994). It may not be the individual, but the context that accounts for the disproportionate use by women of mental and physical health services (Caplan, 1992; Chodorow, 1978; Eagly, 1994; Hare-Mustin & Maracek, 1988; Hyde, 1991; McBride, 1990; Nicholas et al., 1992; Schwartz, 1991; Wetzel, 1994).

One method of behavioral self-management - assertiveness training - is particularly useful for addressing the adjustment problems that arise from women's development and gender-role socialization. Therapeutic interventions that address
women's well-being should be viewed from constructivist-feminist perspectives (Bepko & Krestan, 1990; Enns, 1992; Jakubowski, 1977; Nicholas et al., 1992; Phelps & Austin, 1975; Thorton & Leo, 1992). These new theories of development have caused some feminist counselors to focus interventions on individualistic treatments such as assertiveness which are likely to be more helpful to feminine development given society's resistance to changing gender role socialization and gender expectations without negating the strength of women's traits (Bepko & Krestan, 1990; Eagly, 1994; Enns, 1991; Phelps & Austin, 1975).

This paper addresses whether assertiveness training is applicable to the developmental concern of women. What effect assertiveness training might have on developing women, their relationships, and society are discussed. If women are to have more satisfying interpersonal relationships, it is argued that they must learn to pursue their goals without losing touch of the qualities that make them unique and special and become more comfortable with emotional expressiveness, including anger. These skills are taught through assertiveness training interventions.

Human Development

Human beings develop in ways that are simultaneously similar to and distinct from one another. This movement through the life cycle beginning at conception and ending at death is complex because it involves vast numbers of variables. Biological, cognitive, and social variables contribute to the individual's total development. This process is broken into stages or periods denoted by common tasks or descriptors. No task is faced in isolation of those that preceded it nor can it be isolated from those that follow.

Generally, theorists agree that adult development commences at or around adolescence and continues throughout life. Included in adult developmental theories
are the themes of work, love, career and intimacy. Finding one's place in society and committing to stable relationships are complex and time-consuming developmental tasks. Life satisfaction, wellness, and psychological well-being are measured by the extent to which these tasks have been met (Simons, Kalichman, & Santrock, 1994).

**Traditional Developmental Models**

Traditional human development models include the work of Erikson, Perry, Levinson, Piaget, Maslow, and Kohlberg (Caffarella & Olson, 1993; Levinson, 1986; Simons et al., 1994). Most models embrace the notion that development occurs in distinct and sequential stages (Levinson, 1986; Simons et al., 1994). These models describe processes that are quantifiable, varied, and incremental yet continuous. One stage, common among theorists, involves the theme of relationships. Erikson and other theorists acknowledge the importance of relationships to developing adults (Simons et al., 1994).

According to Erikson, if intimacy does not develop, a sense of isolation will result. Levinson (Simons et al., 1994) suggested that attachment to and separation from others is a life-long struggle. According to tradition, the maturation process results in autonomous and separate individuals (Brown & Gilligan, 1993; Enns, 1991; Gilligan, 1991; Greeno & Macoby, 1986; Nicholas et al., 1992). However, Greeno and Macoby (1986) found differences in the way men and women develop relationships and the importance assigned them. Theories that measure all persons against the norms of some persons are androcentric and bias views of all human's development (Caffarella & Olson, 1993; Enns, 1991; Gilligan, 1991; Greeno & Macoby, 1986; Hotelling & Forrest, 1985; Nicholas et al., 1992).
Women's Developmental Models

Clinical observation, developmental findings, and epidemiological data all point to a clear difference in girls' and boys' development (Caffarella & Olson, 1993; Gilligan, 1991). Conceptual papers and empirical studies make up the literature of the past two decades on women's development (Caffarella & Olson, 1993). Common findings include: (a) the importance of intimacy and identity throughout women's lives and (b) the centrality of relationships with others in women's overall development (Caffarella & Olson, 1993). Women's maturation process involves relationships formed via support and enabling, whereas the culturally dominant standard holds that maturity equates with autonomy and independence (Brown & Gilligan, 1993; Enns, 1991; Gilligan, 1991; Hotelling & Forrest, 1985; Nicholas et al., 1992). As a result, women's relational nature is assessed as immature and dependent when measured against traditional standards (Caffarella & Olson, 1993; Enns, 1991; Gilligan, 1991; Greeno & Macoby, 1986).

Cross-validation of Levinson's theory found a number of differences in female development when compared to males (Brennan & Rosenzweig, 1990; Caffarella & Olson, 1993; Roberts & Newton, 1987). Others have suggested that the difference is relative and that the specific period of participants' socialization accounts for at least some of the differences found (Greeno & Macoby, 1986; Roberts & Newton, 1987). Environmental influences might be more important to women's development than is chronological age. Becoming a separate person while maintaining a sense of connectedness and affiliation are both part of women's identity formation and development (Caffarella & Olson, 1993).

Chodorow (1978) combined psychoanalytic, sociological and feminist perspectives to explain this desire for relationship. Chodorow (1978) concluded
that because the dependency needs of children are traditionally satisfied by women, men and women come to expect that women will meet those needs. Further, women continue to base their identities on those relationships. Whereas boys separate from the mother at an early age to develop a masculine identity, girls' feminine identities develop within the bond to primary caregivers and is never completely broken (Gilligan, 1991; Hotelling & Forest, 1985; Hyde, 1991; Miller, 1986). Boys take themselves out of their relationships to their primary caregiver at an early age and are therefore less apt to value relationships to the same degree as girls (Nicholas et al., 1992). Developmental theorists assign the task of separation despite girls' unique developmental experiences disregarding the fact that her developing sense of self was organized within and around relationships (Berlin & Johnson, 1989; Brennan & Rosenzweig, 1990; Brown & Gilligan, 1993). If these relational bonds are severed, it signals separation. This separation is perceived as a threat to developing girls. Regardless, female adolescents are expected to separate according to traditional developmental models (Gilligan, 1991; Miller, 1986).

Prior to reaching this stage in development, young women appear to progress in a positive direction until faced with the task of separation and individuation at adolescence (Brown & Gilligan, 1993). Again, until this time in the developmental process, young girls are more optimistic than boys and after this time in the developmental process, increases in the rates of risk for psychological disorders become evident (Gilligan, 1991; Hyde, 1991; Nolen-Hoeksema, 1990; Wetzel, 1994). This drop in resilience found in girls has not been found to occur for boys (Gilligan, 1991; Wetzel, 1994). In other words, girls are vital beings until cases of depression, eating disorders, and suicidal thoughts increase at adolescence (Gilligan, 1991; Nolen-Hoeksema, 1990; Wetzel, 1994). Gilligan (1991) and Miller
assert that psychological health is a measure of one's relationship to the self, others, and the world and both logically conclude that psychological problems must therefore signal relational crises. These "crises of connection" may be an underlying cause for the increase in psychological risk for young women at adolescence (Brown & Gilligan, 1993, pp. 12).

Levinson's research on women's development was found to support Miller's (1986) and Gilligan's (1991) conclusions (Roberts & Newton, 1987). Whereas men's lives were found to reflect life structures that illustrate the self as separate, women develop life structures that include themselves in context with others (Roberts & Newton, 1987). Similarly, Baruch, Barnett and Rivers (cited in Brennan & Rosenzweig, 1990) found support for alternative patterns of development in women when compared to men.

Woman's developing sense of self encompasses both mastery (agency) and pleasure (communion) spheres. The mastery sphere contains the male gender-stereotyped traits of achievement, self-control, and self-worth. The pleasure sphere includes a trait more commonly assigned to women: affiliation. The inclusion of both affiliation and achievement - communion and agency - a new way of conceptualizing women's development, helps explain how dual needs may fight for dominance at discrete times throughout development although neither is more important in the end. This conceptualization allows for individual variations and the influence of social prescriptions (Brennan & Rosenzweig, 1990).

Ideally, one could conclude that women's development is an integration process of achievement and affiliation, or agency and communion, illustrating Hillel's statement, "If I am not for myself, who will be for me? But if I am only for myself, what am I?" (Perloff, 1987, pp. 8). A woman's integration of enhanced
skills in conjunction with the development and establishment of an identity may actually contribute more to the greater good of all people by enhancing already well-learned and uniquely feminine characteristics. Interventions that offer opportunities to enhance traditional skills serve to balance autonomy and connectedness, that is, agency and communion (Gilligan, 1982; Hotelling & Forest, 1985; McBride, 1990; Perloff, 1987).

Socialization and Women's Development

Women want to experience themselves as active and purposeful, but not at the cost of their relationships. Although women's enculturation process encourages them to do just that, rely on others and give to others, but not to practice those same skills on their own behalf (Krumboltz & Shapiro, 1979). Boys and girls are encouraged to develop capacity for care and empathy, but boys much less so than girls (Berlin & Johnson, 1989; McBride, 1990). The expectation for girls is that they relinquish parts of themselves in order to maintain relationships already established (Berlin & Johnson, 1989; Gilligan, 1982, 1991). Girls are socialized to suppress their own feelings and needs so their behavior can be viewed by others as validating instead of an assertive exposition of themselves (Gilligan, 1982, 1991; Krumboltz & Shapiro, 1979).

The most important influence on assertive behavior is whether one grows up male or female (McBride, 1990). Masculine gender role traits correlate strongly with assertiveness (Eagly, 1994; McBride, 1990). The task is to practice the skills taught during the opposite sexes' socialization and developmental processes; that is, men acquire the experiences of women and women those of men, so that the female experiences of identity in relation and the masculine experiences of identity as separate and responsible are had by all (Hotelling & Forest, 1985; McBride,
1990). Self-esteem and masculine traits are associated with one another though not to feminine traits. Nurturance and expressiveness, commonly associated with feminine traits, are related to neither self-esteem or self-acceptance. This fact may be due in part to the biased value placed on instrumentality and masculinity in our Western culture (Enns, 1992).

Sable's (1979) clarification of Bowlby's theory of attachment provides insight into women's development and socialization processes. Females approach adult developmental tasks constrained by relationships they are socialized to develop. Bowlby's attachment theory perceives some of these bonds as social and designed to maintain proximity to others. This proximity to others does not connote dependence on those other persons. Attachment is distinct from dependency. What distinguishes attachment from dependency are features that include: (a) specificity: attachment to a specific and prioritized few, not generalized and unfocused; (b) duration: attachment continues throughout life though dependency diminishes and surfaces occasionally; (c) emotions, that reflect the bond with a particular person; and (d) learning, because it is a learned behavior, dependency is innate; and (e) complexity, attachment is a complex phenomenon whereas dependency is less enigmatic (Sable, 1979).

Autonomy and agency are part of mature relatedness. However, for women, maturity is the balance between autonomy and bondedness. Achieving balance transforms resentful self-sacrifice and submission into generous, empathic, and mutual interactions. Instead of seeing development as a process of separation and individuation, growth for women occurs within emotional connections that should allow for the open expression of feelings through empathic assertion thus

Learning to make independent choices while developing self-mastery does not mean women should ignore affiliative needs. Affiliation should be reframed as a means of allowing others the freedom to take care of themselves (Eagly, 1994). Women's desire for relationships is not problematic for them. Therefore, socializing them to be more individuated and less connected is not a cure (Berlin & Johnson, 1989; Miller, 1986).

Women's sensitivity to others' needs means that they often internalize the messages from parents, teachers, spiritual leaders, mentors, and friends. Women act as though they must live up to the expectations they believe others have of them. This often results in guilt, a lack of real understanding and a loss of self. Constantly giving into others' demands may seem selfless, but in reality it is an abdication of personal responsibility. Once a woman gives in to a real or imagined demand, she owns it (Stoddard, 1994). Across cultures, women are less powerful and exhibit higher frequencies of mental health problems in response to internalized messages received during their maturation process that therapeutic interventions should address.

Therapeutic Interventions

Interventions that offer opportunities for women to enhance traditional skills assist them in balancing their desire for autonomy and connectedness, that is, agency and communion (Enns, 1992; Gilligan, 1991; Hotelling & Forest, 1985; McBride, 1990; Perloff, 1987). Through education, training, and practice, women can learn to evaluate the costs of engaging assertive responses that are not innate but learned. A lack of personal satisfaction may result if their absence continues
(Enns, 1992). The goal of such interventions should not be the elimination of gender roles, but a reevaluation of their worth (Hyde, 1991). This suggests change both within and outside women.

As suggested, therapeutic interventions designed to address women's developmental concerns are varied and could focus on either internal or external barriers to assertive behavior that leads to autonomy within connections. In counseling, the primary level of interest includes: individuals, their families, subcultures, and society (Nicholas et al., 1992). Clinicians should continue to attend to clients and their systems, while transcending cultural mandates.

Whether interventions focus on (a) environmental manipulation, to provide a sense of control; (b) training, to increase the individual's ability to control outcomes; (c) resignation training, to replace unrealistic goals with more realistic goals that are therefore more controllable; and (d) attributional retraining, to learn to credit herself for realistic-positive and negative outcomes, interventions should help women understand the contextual source of their concerns rather than engage in victim blaming (Krumboltz & Shapiro, 1979; Nolen-Hoeksema, 1990; Schwartz, 1991; Wetzel, 1994).

Further, interventions should be designed to encourage women to rely on themselves while connecting to others and developing a wide repertoire of skills, including mutually cooperative relationships built on assertive, empathic behaviors, attitudes, and beliefs (Enns, 1992; Jakubowski, 1977; McBride, 1990). Likewise, clinicians should build on women's existing strengths, not accommodate or expect adjustment to accepted standards (Enns, 1992). Therapeutic techniques that offer opportunities to enhance traditional skills serve to balance women's need for autonomy and connection and emphasize competencies, not deficiencies - thus
affirming women's choice to integrate traditional values with nontraditional values in a new and unique way (Enns, 1991, 1992; Stoddard, 1994).

The positive self-management approach of assertiveness training includes these components: Women learn that their behavior can have an effect on others and the environment (Jakubowski, 1977). Given the reluctance and slowed pace at which society has altered its gendered expectations, the externally focused alternatives may best be avoided. Simplistic explanations that discount the import of socialization and political powerlessness should also be avoided. The crisis at adolescence is an opportunity to intervene, offering women alternative methods that could prevent the trauma experienced by women socialized to abandon either their desire for relations or key aspects of themselves (Brown & Gilligan, 1993). Regardless of when interventions occur, doing so to offset socialization may be necessary if women are to lead lives as satisfactory as those led by men (Eagly, 1994).

**Assertiveness Training**

Behaviorists and other clinicians value assertiveness and should do so equally for both males and females. Assertiveness involves standing up for one's basic interpersonal rights in such a way that another person's rights are not violated. Assertiveness should be the direct, honest and appropriate expression of one's feelings (Alberti & Emmons, 1986; Hyde, 1991; Phelps & Austin, 1975). Aggression, often confused with assertion, also involves standing up for one's rights but neglecting to respect the rights of others. In contrast, nonassertion allows the violation of one's own rights (Alberti & Emmons, 1986; Hyde, 1991). Assertiveness training involves several components including behavioral, cognitive,
and emotional ones. Ideally, logic, justice, and fairness are all incorporated into this type of cognitive-behavioral training (Hotelling & Forest, 1985).

Assertiveness offers all people the opportunity to be nurturing and independent through choice-making (Enns, 1991). Assertiveness encourages people to express feelings, reduce fears and anxieties and alter beliefs and attitudes while developing new behaviors (Alberti & Emmons, 1986; Enns, 1991; Phelps & Austin, 1975; Stoddard, 1994). For women, assertiveness training offers an opportunity to combat negative socialization (Enns, 1991).

The more traditional and popular models of assertiveness promote actions that should result in the traditional goals of development being met, that is, autonomy and independence with only minimal attention being paid to relationships and connections. Assertiveness training for women would not neglect these key aspects of their development, nor would it require them to choose between their rights and those of others. Jakubowski's (1977) categorization of assertion is particularly applicable to the assertive needs of women. Jakubowski's (1977) breakdown includes positive or soft assertion, which involves the appropriate expression of affection and tenderness and empathic assertion, which conveys a sensitivity to other person's feelings while still acknowledging self-concerns.

**Assertiveness Training for Women**

Counselors can help women understand and adjust to a man's world by not operating from perspectives that ignore gender differences in regards to women's development and socialization (Hotelling & Forest, 1985). Women are helped by understanding that assertiveness is a form of self-disclosure and fosters intimacy (Greeno & Macoby, 1986; Phelps & Austin, 1975). Women's desire for
connections should be recognized and validated as valuable instead of depicted as immature dependence or a sign of pathology.

Training women in assertion skills should help women learn to feel and be in control of themselves. Assertiveness helps women govern their own lives so as not to feel like victims of other people's expectations or demands (Jakubowski, 1977). Traditionally, neither assertion nor aggression has been part of the feminine role. Passivity is the accepted interpersonal style that women are commonly socialized to develop (Hyde, 1991). Because women are concerned with maintaining harmonious relationships, they may fear assertion, assuming it will cause friction. The alternative, chosen by many women, is to bury their own feelings. This often results in hurt and frustration. Assertion training can prevent this crisis and the resulting mental health concerns (Alberti & Emmons, 1995; Hyde, 1991; Jakubowski, 1977).

Assertiveness training designed specifically for women must offer opportunities to be honest about themselves and invite honest, direct feedback from others. Recognition of a woman's capacity and desire for a deeper level of care that involves struggles in relationships may speed their recognition of the need for self-care, that is, assertiveness (Hotelling & Forest, 1985). Women acquire, through assertiveness training interventions, the skills that men acquire through socialization. Ideally, women will learn a new way of responding to their own interests without forgoing their concern for others.

Participants in assertiveness training should be made aware of the obstacles to developing assertive skills: lack of support, negative reactions from others, discrimination, and the possibility of being seen as competent and appropriate but neither friendly nor kind (Eagly, 1994). In addition, participants should be aware
that persons whose views of women tend to be conservative are more likely to evaluate women's assertiveness negatively (Eagly, 1994).

**Assertiveness Training: Implications for Women**

Enns reported (1992) that assertiveness training increases women's self-respect but that women who engage assertive behaviors may also be seen as "pushy, aggressive, bitch(es)" (Enns, 1992, pp. 8). If women's efforts to change are met with resistance and increased prejudice, participants will likely be reluctant to practice assertive skills. The implication of assertiveness training for women must include the fact that these behaviors will be seen and responded to differently when engaged by women then if they were engaged in by men. This is one reason why the scope and content of the resistant forces should be examined and assessed. Participants in assertiveness training might expect to experience a reduction in self-confidence, a lack of positive feedback, decreased self-esteem, a loss of identity, increased amounts of self-criticism, and possible bodily harm (Enns, 1992). Women engaging assertive behaviors may feel both pleased and discouraged by others' responses (Berlin & Johnson, 1989).

The fact that some relationships will improve as a result of assertiveness training is a motivating factor for women learning and practicing assertive skills, although some relationships are bound to be lost (Berlin & Johnson, 1989; Eagly, 1994). One must not assume that all interpersonal relationships will improve when assertive skills are utilized, though it is likely that those that do not survive were nonsupportive and unhealthy.

In addition, women will individuate and become independent, as a result of assertiveness training and be able to establish and maintain mutually cooperative relationships based on their's and other's strengths instead of weaknesses. Women's
new-found independence will encompass the ability to be maturely interdependent (Eagly, 1994). "One must bring a self into a relationship; one is not created by it" (Stoddard, 1994, pp. 127).

The development of nontraditional sex-roles for women suggests a relative gain in their power, where for men it may indicate a loss of power and control. For women, this gain in power should translate into lower levels of depression as was reported in some studies (Enns, 1992). There is a significant relationship between work and achievement, or agency, and physical and mental health benefits for women (Enns, 1992). To some, the idea of therapeutic interventions that puts clients in charge of their own destiny may seem simplistic. This is precisely the case when traditional models are followed and ignore the context and import of women's realities. This is why a model for women is necessary. Helpers should avoid encouraging women to become more masculine and implying that they should relinquish qualities that make them unique.

A unique assertiveness model for women should also account for the powerful impediments to the successful development of assertive skills by acknowledging the unequal risks and realities. Women are harassed more often then men, interrupted more often then men, and addressed with familiarity inappropriately more so then men (Enns, 1992). Thus, a unique model of assertiveness for women will not neglect the complexity of gender role injunctions. The alternative - traditional models of assertiveness - support masculine behaviors that encourage individualism instead of interdependence.

Summary

Psychologists view humans' development as either a holistic process or as a series of separate but simultaneous processes that include, for example, cognitive
development and moral development (Caplan, 1992; Thornton & Leo, 1992). A psychology of women developed in response to differential psychology which normalized male behaviors and concluded that because females differed, they were deviant and deficient (Hyde, 1991). The purpose of reflecting on women's unique experiences is not to reciprocate by overemphasizing women's uniqueness, but to offer psychologists and other helpers an alternative view. A psychosocial approach to development that combines the best of traditional models with the unique experiences of women and integrates both internal and external factors is logical and applicable to the study of women's development and the therapeutic interventions that are derived from it (Caffarella & Olson, 1993; Hyde, 1991).

Deci, Eghari, Patrick, and Leone (1994) asserted that people are inherently motivated to engage in behaviors that help them to negotiate their environments effectively. People's inherent motivations can be maximized when the social context supports their efforts. Interventions that offer support and validation, decrease isolation, and are anecdotes to women's socialization are needed. Assertiveness training helps women see themselves as competent. Once women know and understand their rights, they are better able to overcome internal barriers, combat society, and directly meet their needs allowing them the opportunity to lead lives as satisfactory as those led by men (Eagly, 1994; Enns, 1992). Professionals who use this treatment should not overlook clients' need to be more mature and independent nor should it overlook their desire to feel securely attached to others. Attachment can be well regarded with no helplessness assumed (Sable, 1979).

Recommendations

Theories of development that overemphasize either genders' traits are detrimental to everyone. In order to avoid perpetuating gender differences and
reinforcing the status quo, constructivist-feminist models of development should be used. Placing women's development in context means that it should forever be linked to the power differentials that women in Western cultures are subjected. Many of the differences found in men and women may not be inborn, but instead reflect the domination of men and the subordination of women. Until recently, the power to define adjustment and what constitutes mature development has remained solely with men. If alternative views are not considered, uniquenesses can continue to be used to oppress women (Enns, 1991; Hare-Mustin & Maracek, 1988; Hyde, 1991).

Employing new developmental models that account for the social milieu and suggests that women receive training in a stereotyped masculine trait makes no assumption that women are maladapted or pathologic. Neither does a new model focused on interpersonal change suggest that social change is not warranted. Women's social roles, their discrimination, victimization and proneness to poverty should continue to be addressed. Chodorow (1978) suggested that men begin sharing the responsibility of childrearing as one method of supporting women's desire and need for both autonomy and communion.

Women who recognize their needs, yet lack knowledge about their rights, will continue to internalize cultural messages and feel hurt and anger while abandoning parts of themselves (Brown & Gilligan, 1993; Phelps & Austin, 1975). Dependency and emotional expression are and will continue to be important mental health issues for women (Tavris, 1992). Interventions designed to assist women with their mental well-being must enable women to cope with conflicting demands and expectations. Any changes facilitated in individuals should be reflected in
institutions so that gender stereotypes are no longer reinforced as they stifle women's development (Enns, 1992).

What has been implied thus far is that a goal of an assertiveness training intervention be designed to address women's unique developmental experiences and subsequent mental health concerns should result in equality of the sexes. However, equality should not be considered synonymous with sameness. Instead, "reciprocal superiority, inevitable diversity", in which each sex has something special to offer the other, should be the definition of equality (Mill, 1983, pp 46). In much the same way that developmental theories that overemphasize the value of one gender's traits over the other do harm to all person's developmental processes, the subordination of one gender does harm to all humans. Therapeutic interventions are needed because developmental theories that guide clinicians' practices do not accurately reflect the reality of women's development and socialization. Men and women acting together and pooling their resources increase their capacity to address and deal with today's social problems. What effect this pooling of resources might have is a mystery and provides ripe territory for future study.
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