

## OCTC PRACTICAL GUIDES

### BEING ASSERTIVE

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Assertiveness is one of the most versatile of the social skills. Being assertive enables a person to:

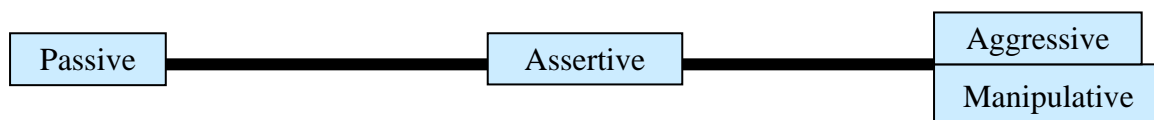
- Make fair and respectful statements, which can foster sound interpersonal relationships and engender trust.
- Communicate needs and preferences, which can build self-esteem and self-preservation.
- Say “No” and to make reasonable requests, which can modify worries and fears.
- Express anger in an unambiguous and unthreatening manner, which fosters mutual respect and protects relationships from both psychological and physical harm.

It is often essential that patients have this skill, not only to enhance their progress whilst in therapy but also to ensure good relapse management for the future. This guide offers a brief overview of “Being Assertive”.

#### What is assertive behaviour?

Assertiveness is an inter-personal skill, a way of communicating our needs, feelings or rights to others *while still being respectful*. It is all about balance: balancing our own needs and rights with the needs and rights of others. This usually involves discussion, open-mindedness and a preparedness to be flexible. Contrary to some beliefs, assertiveness is not about pressing to get what we want at all costs – that would disrespect others and would be an aggressive or manipulative behaviour. However, passively giving in to the demands of others could disrespect *our own* needs and rights.

Assertiveness sits somewhere between passivity and aggression or manipulation.



**The Passive Person** tends to opt out of conflict, trying to please other. This risks feeling frustrated, resentful and devalued – none of which is good for self-esteem or stress levels.

**The Openly Aggressive Type** can appear forceful, ignoring the rights and needs of others in the quest to win. They tend to get what they want in the short term but the approach often backfires in the longer term as relationships suffer.

**The Manipulator’s** aggressive attack is cleverly concealed. This person can appear to be considerate but

uses charm to get what they want, or they might say things aimed at undermining the confidence of the other person. They do not fight fair. Again, the strategy might work in the short term but risks loss of friends, trust and respect.

**The Assertive Person** takes a broad view of the situation and considers all sides of the argument so that they are able to put forward a good case for what is fair. Their goal is to say what they want clearly *and respectfully*.

Being assertive not only requires the balancing of the rights of self and others, we also have to weigh up the cost-benefits of taking an assertive position. There might be times when it is strategic to err on the side of passivity or even aggression. As a therapist we might discourage a patient from being assertive if the challenge outweighs the benefits; we might support a parent in being uncompromising with a teenage son who was engaging in unsafe behaviours; we might decide to accept, rather than confront, a patient's avoidance so as to engage him. Being assertive can carry risk if a patient is in a relationship that will not tolerate this, so always consider this carefully.

Learning to be assertive gives people the skill and the confidence to choose how to behave in a situation. For many patients this is very different from their habitual passive or aggressive responses and although it can be liberating it is often frightening and we need to unpack the fears behind being assertive. Always start with a conceptualisation that helps patient and therapist appreciate:

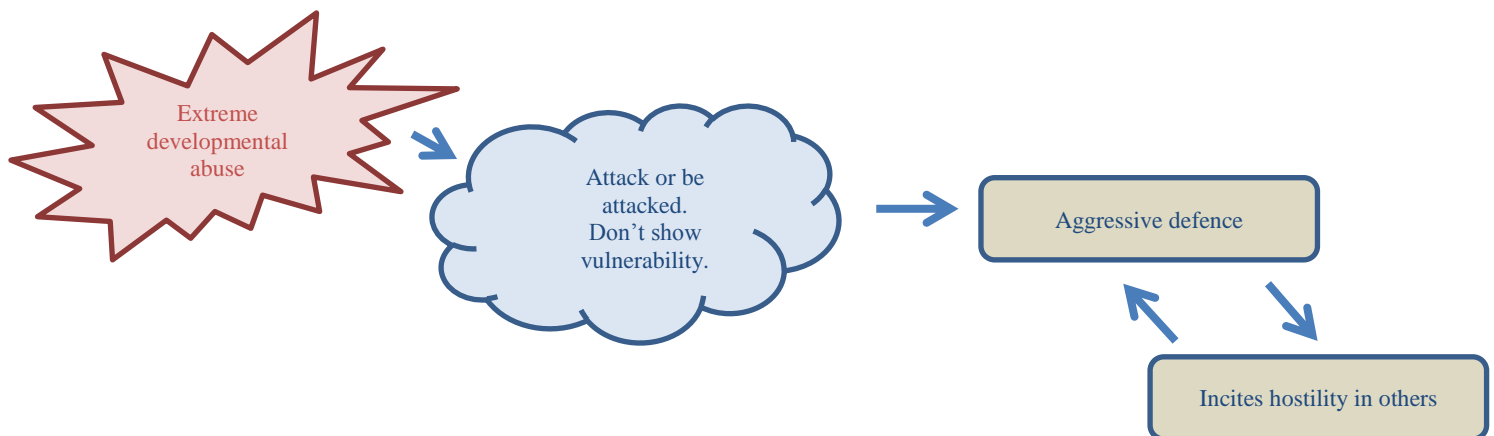
- (i) Why it is understandable that a person is not assertive (provides a compassionate re-frame)
- (ii) Why it might not be for the best (provides a rationale for trying something different)

In this way we can understand the fear behind the behaviour and can relate to the patient's dilemma.

### Formulating lack of assertiveness

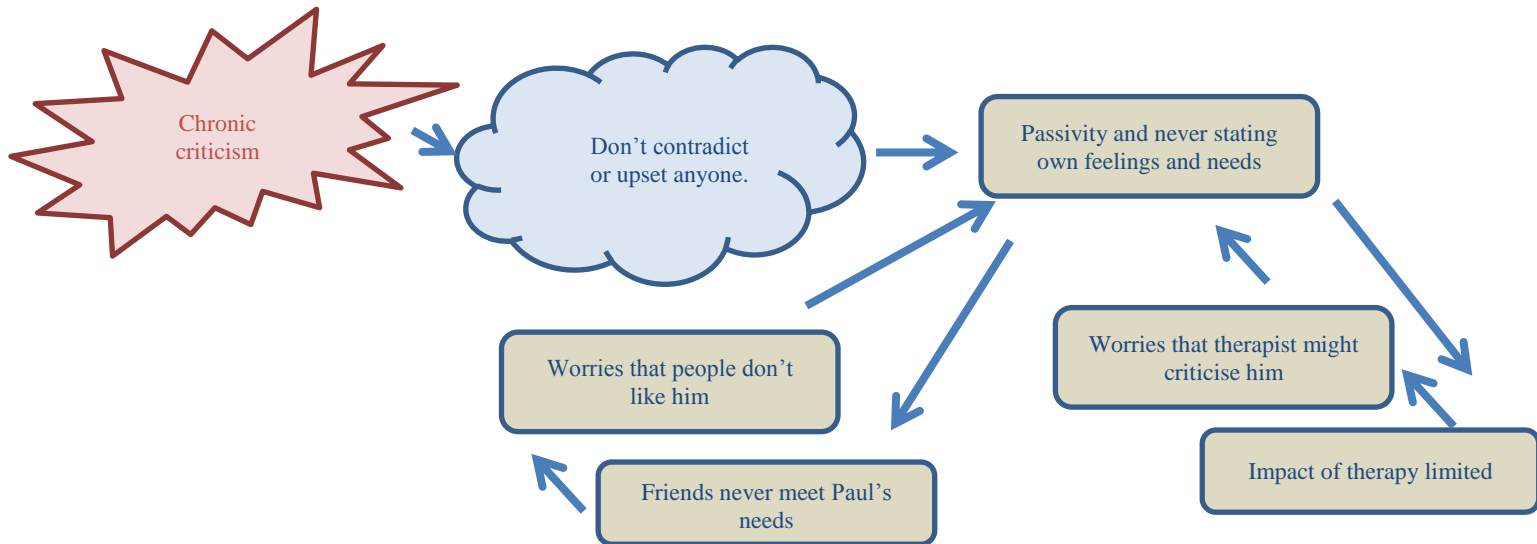
**Anya:** In sessions Anya was openly hostile, her behaviour was clearly “aggressive” and she could acknowledge this. She frequently dismissed the therapist's comments as irrelevant, criticised between-session assignments and reported being hostile to her fellow students.

Her behaviour was understandable in the context of historical abuse and her trying to protect herself from hurt by being aggressive. Unfortunately this backfired as she tended to alienate those around her.



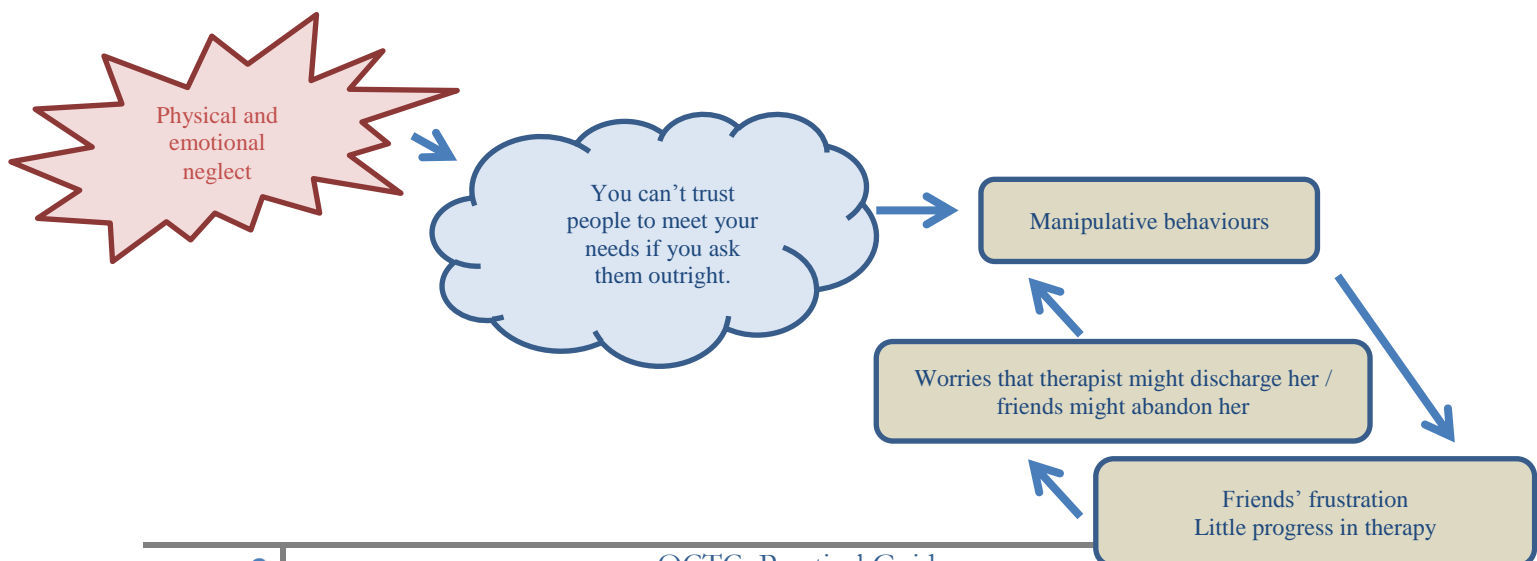
**Paul:** Paul seemed very co-operative but failed to make much progress. He always agreed with the therapist and certainly went through the motions of doing most assignments. He gave accounts of trying to please others but often feeling let down and undervalued, which made him try harder. His stance was a “passive” one.

His behaviour was understandable in the context of chronic (and still ongoing) parental criticism and his always trying to avoid criticism by people pleasing. This worked against him in therapy as he and his therapist did not have an authentic working alliance and his therapist was never really confident that they were working on relevant issues.



**Maddie:** Initially Maddie had seemed agreeable and co-operative, yet she made little progress. Her therapist picked up patterns of avoidance masked by polite and often charming statements. This reflected her “manipulative” way of coping. For example, she did not engage in Socratic dialogue saying that the therapist was so much cleverer than Maddie trusted him to tell her what to do; her homework was rarely completed as agreed because Maddie had either “misunderstood” (“Silly me, but perhaps the instructions weren't clear enough,”) or she had lost the written instructions.

This behaviour was understandable given that she had been neglected as a child and had grown to assume that her needs would not be met if she was direct and she had developed a set of self-effacing strategies to avoid conflict and to achieve her goals. Unfortunately these often frustrated people in the longer term as they felt manipulated.



These (very simplified) conceptualisations help us to empathise with our patients and to share the traps created by their best attempts to cope. They help patients to see for themselves that the strategy that might once have worked now backfires, thus providing a rationale for taking the risk of shifting from a passive, a manipulative or an openly aggressive way of being.

The easy part of assertiveness training is learning the basic rules (see below) but the hard part is putting this into practice and it often requires a series of carefully planned behavioural experiments and attention to managing anxiety. So although there are several texts that offer ‘top tips’ we need to be prepared to support the patient beyond this. Nonetheless, top tips need to be covered and here is brief guide for patients, which is adapted from a chapter in Kennerley (2014).

## The basic rules of assertiveness

Being assertive means communicating in a way that is clear and shows mutual respect. With practice it gets easier but initially preparation is invaluable. There are four steps to follow:

1. Decide what you want and if it’s fair
2. Make your statement
3. Prepare for refusal and manipulation
4. Prepare to negotiate

**1. Decide what you want and if it’s fair:** *What do I want?* This sounds an obvious step but passive people might be so used to putting others first it can be difficult to simply consider *their own* needs. The next question: *Am I being reasonable?* is more of a challenge for those who tend towards the aggressive or manipulative end of the spectrum. The goal of Step 1 is devising a reasonable and considerate proposition, a proposition that is often more persuasive if it embraces the consequences of cooperation. These could be positive – “*A new computer would help me do my work much more efficiently and not waste time because of IT glitches*”; “*If you tidy every evening for a week, I’ll give you extra pocket money*” – or simply practical – “*If you feel that you can’t authorize a new computer, then I can go to the Area Head Office and make the request there*”. There could be a negative message – “*If you keep ringing about this, then I’ll have to stop answering my phone because it is disturbing my work*” but on the whole, positive consequences are more effective because reward works better than punishment.

Once step 1 is achieved, it’s time to share your statement.

**2. Make your statement:** An assertive statement needs to be delivered effectively and calmly. An argument is usually more effective if we follow these rules:

- Be positive and understanding
  - Be objective – no personal attacks
  - State the consequences
  - Be brief
- **Anya** would have criticised her supervisors and demanded a new tutor in the past and this would have added to her reputation for being difficult and hostile. She tried an assertive approach: “*I’d like to ask for a new tutor. We have tried to work together for two terms and it just isn’t working even though I think that we are both trying our best. I’m really not making progress in this subject and I would like an opportunity to try working with someone else, perhaps a female. I appreciate that the*

*department doesn't have unlimited flexibility, but I would like to give this topic my best shot and I think that means changing tutor. If you can do this I will be very grateful but if you are not able to authorize it, I'd understand and then I'd make the request through the College Head Office."*

- **Paul** struggled disciplining his children, but instead of giving in he discussed adopting a more assertive approach with his wife: *"Mum and I are really pleased with the way that you take care of your toys and now we want you to tidy them up nicely in the living room before you go to bed. I don't mind if your own bedrooms have some toys lying around, but the living room is for all of us and I want it tidy at the end of the day. If you do this, Mum and I will be really pleased and we'll give you a bit more pocket money at the end of the week."*
- **Maggie** had good reasons for not wanting to help her friend move. In the past she would have kept these to herself and instead try to make her friend feel guilty for asking. This time she tried being assertive: *"Normally I'd be more than happy to help, especially as I appreciate that moving is a huge stress, but I can't be there this time. I have already made commitments for next week. I can spend an hour or two at the weekend helping you pack but I won't be able to help with the move itself."*

None of these statements is complicated or long, but they are all polite and they all begin quite positively, thus engaging attention. Ideally one should appear calm and confident, which can be achieved by adopting a friendly expression, a relaxed posture and a measured tone. It is most important to keep calm and this is often achieved through rehearsal and role play, which can take place in a therapy session. It can also help to use relaxation exercises (see OCTC Practical guides <https://www.octc.co.uk/wp-content/uploads/2016/07/Relaxation-scripts.pdf>).

**3. Prepare for refusal and manipulation:** anticipate the other person not 'playing ball' – not listening respectfully. If the other person simply refuses a request or refuses to listen to an argument then it is calming to have thought through the consequences –going to a higher authority, refusing phone calls, etc. It is a shame to be forced to do this but it's better than simply giving in.

Harder to deal with are the 'manipulators' who will use charm or bullying to get their way. A tell-tale sign of being manipulated is feeling particularly bad about making a request or feeling good about doing what you said you wouldn't!

Imagine that you had asserted that your boss gave you too much work. You had thought this through and discussed it with a friend, and, although you recognized that the department was very busy, you still felt that you were being unreasonably burdened and that your request to be given less work was fair. Your boss, rather than respecting your statement and considering your point of view, reacts by using manipulative criticism that is intended to make you feel guilty or just stupid:

- "What, haven't you finished yet? Your problem is that you are too slow."
- "Well, quite *obviously* the real problem is that you are not organizing yourself well enough and what you should do is ..."
- "Oh, now you've made me feel terrible ..."

Your boss might be more subtle and use manipulative 'sensitivity', where the goal is to leave you feeling as though you have been listened to but your argument has been undermined:

- "I hear you, and I'm giving this some thought and I really do think that it is in your best interest to improve your skills by carrying a substantial work load."
- "If you are having these problems, I wondering - are you sure you're right for this job?"

Each of these responses is intended to side-line your needs and your rights and to deflect your argument. To deal with this, you would need to develop the skills and confidence to stand your ground. There are two particularly useful strategies for handling manipulative criticism and false ‘concern’:

1. The ‘broken record’
2. Handling criticism

These are not manipulative strategies in themselves, but techniques that increase the chances of a person being able to put forward what they know is reasonable.

**The “broken record”:** Once a ‘script’ has been prepared (step 2) an argument can be repeated in the knowledge that it has been well considered and it is reasonable. This is helpful when there is the danger of diversion by articulate but irrelevant arguments, or by criticism that undermines confidence and self-esteem. Using the same statement over and over again can become tedious so it can be varied. The example below illustrates how it is possible to stand one’s ground in the face of aggressive manipulation that is intended to induce guilt and self-doubt.

***I need a different tutor. I can’t work with my current teacher.***

*I’m sorry: you are asking too much.*

***If I am going to have a reasonable chance in this course, I need a different tutor.***

*You’re making things very difficult for me.*

***Nonetheless, we need to do something so that I can work with a new tutor.***

*No-one else is asking for a new tutor.*

***Maybe, but I need a different teacher.***

*I’m sure that you are exaggerating.*

***Not at all – I need a tutor with whom I can work.***

**Handling criticism:** It is possible to be wrong-footed by criticism, especially if there is a grain of truth in it. However, one can prepare for criticism. Below are some guidelines that can be shared with patients:

- Consider what you might be criticised for: perhaps you are not very organised, perhaps you do have high standards, for example. Get these into perspective and,
- Prepare (and rehearse) a statement that will stop you being side-tracked by manipulative criticism.
- Return to the broken record as soon as possible.

**Anya** was accused of being unreasonably demanding, and she replied: *“It is true that I have high standards in my work and that I’ve asked for things before – however, I’ve thought this through carefully and I need a different tutor.”*

**Maggie’s** friend accused her of being selfish and not caring about anyone else. She responded: *“You are right that I am thinking about my own situation, but I have given it some thought. I do have other commitments and it is reasonable for me to say that I can’t help you out this time.”*

Fielding criticism in this way kept the situation calm and allowed Anya and Maggie to continue to think clearly, which meant that they remained controlled and reasonable. It also meant that they didn’t get side-tracked from their assertive argument.

**4. Prepare to negotiate:** Given that the aim of being assertive is to reach a solution that is reasonable to all parties, it is quite usual to engage in compromise and negotiation. The first stage in negotiation is to have decided how far to compromise. So encourage your patient to consider, in advance, how far they are prepared to go.

**Anya:** would be prepared to stick with the same tutor for the rest of the academic year on the understanding that she will have a new tutor the following year - but she will not wait any longer than this.

**Paul:** would allow the children to keep toys out in their own rooms and to help the children to put away toys in the living room if they are particularly tired – but to keep the onus on them.

**Maggie:** would be available via text on the day of the move to offer advice if necessary.

Also, patients need to accept that there will be consequences if they stand their ground: the other person may be uncooperative or even aggressive – see step 3.

This is the groundwork for negotiation, should it be necessary. However negotiating is a skill in its own right that needs practice. Top tips when starting out are:

1. Decide in advance how far you will compromise.
2. Do homework: get the facts to support your case and rehearse your script.
3. Ask for clarification of the other side of the argument (so that you know what you are dealing with) and try to understand the other person's position and needs – you are aiming to be reasonable.
4. Stay respectful, empathic and never attack – this will increase the chances of maintaining good communication.
5. Keep to the point – don't get side-tracked
6. Rehearse your statement of compromise.

A good starting point in negotiation is to begin with a phrase like: “I understand ...” and then reflect the other person's situation and dissatisfaction as you see it. This shows sympathy for the other person's viewpoint and buys a moment or two to keep calm.

**Paul:** had spoken with other parents to establish reasonable expectation for tidying and he had decided to allow the children to keep toys out in their own rooms and to help the children to put away toys in the living room if they were particularly tired. His children responded with: “*But that's not fair!*”; “*You are so mean!*”; “*But we can't – we just can't do it on our own!*”; “*Other kids aren't asked to do this!*” Paul could confidently say that other kids were asked to tidy toys away and this was not up for debate. Then, taking a positive starting point, he asked them what they think they *can* manage. At first they said that they couldn't do any tidying at all. Paul was not prepared to compromise that far so he asked: “*... so what needs to change, what do we need to do to make it easier for you to start tidying up at night?*” After some groaning and muttering they say that they needed to be shown how to do it – but they insisted that they still didn't see the point of tidying up! Paul's response was: “*I understand that it seems like a pointless task to you because you simply get out the toys the next day, but we live in a family home and the living room must be nice for the adults in the evening. To help you feel a bit more enthusiastic about tidying, I will give you a treat on the nights that you tidy up. I take your point that you don't know*



*how to tidy up properly so I will do it with you – not for you – for the first few days. That way you'll get the hang of it and you'll find out just what you need to do to get a treat."*

**Maggie:** explained her situation to her friend who initially responded by saying: *"I'm really surprised that you've let me down like this. I've always been there for you. Can't you cancel something and come and help me?"* Maggie genuinely sympathized with her plight but she had given the situation a lot of thought (even checked it out with other friends who thought that Maggie was being reasonable) and she felt that she was being fair. She did ask why her friend believed so strongly that she needed Maggie's help: *"I understand that you are disappointed but I cannot cancel my other commitments, especially at short notice. You have lots of other friends and family and I'll be at the end of the phone so why do you particularly need me to be there?"* Her friend replied: *"You are the most practical person I know, and the best at dealing with stroppy delivery workers. I'm nervous without you around."* This gave Maggie a better understanding and she compromised by saying: *"I realize that not having me there in person leaves you feeling nervous so I'll prioritize your texts and get back to you as quickly as I can so that I can give you advice over the phone. But I think that you can deal with a lot of things yourself if you've done some good planning. If you make a list of all the things that you think will be stressful for you, I'm happy to come over the night before and go through them with you."*

In both these examples there is give and take – and that's the basis of negotiation.

## Summary

Being assertive is conceptually simple but often difficult to put into practice so patients will need support and practice. A conceptualisation will help to put problem behaviours into perspective and rehearsal will increase confidence, as will carefully planned behavioural experiments.

## Useful reading:

- |                                  |  |
|----------------------------------|--|
| Davies, W, (2000)                | <i>Overcoming Anger and Irritability: a self-help guide to using cognitive –behavioural techniques.</i> Constable Robinson.            |
| Dickson, A. (1982)               | <i>A woman in your own right.</i> Quartet Books  |
| Hadfield, S. & Hasson, G. (2010) | <i>How to be Assertive in any situation.</i> Pearson Books   |
| Kennerley, H. (2014)             | <i>Overcoming Anxiety: a self-help guide to using cognitive –behavioural techniques</i> (2 <sup>nd</sup> edition). Constable Robinson. |
| Lindenfield, G. (1986)           | <i>Assert Yourself.</i> Thorson's Publishing   |
| Lindenfield, G. (1993)           | <i>Managing Anger.</i> Thorson's Publishing  |
| Poole, S.L. (1987)               | <i>Never take No for an Answer: guide to successful negotiation.</i> Kogan Page Ltd  |