Changes in Conceptualizations During Assertiveness Training

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Abstract

Conceptualizations regarding the characteristics of assertive people were assessed at the beginning and end of a group Assertiveness Training program. Participants who demonstrated the greatest gain in assertiveness also demonstrated the largest shifts in conceptualizations. Moreover, substantial differences in conceptualizations were observed between participants who became more assertive and those who did not. The results suggest that greater emphasis in assertiveness training should be placed on developing an intergrated conceptual base for assertive characteristics.

Résumé

Les conceptualisations concernant les caractéristiques qui définissent les personnes capables de s'affirmer ont été évaluées au début et à la fin d'un programme d'entrainement de l'affirmation de soi. Les participants ayant le plus progressés sur le plan de l'affirmation de soi démontraient aussi un plus grand changement au niveau des conceptualisations. De plus, des différences significatives des conceptualisations ont été observées entre les participants qui sont devenus plus habiles à s'affirmer et ceux qui ne le sont pas devenus. Les résultats suggèrent que l'emphase de l'entrainement de l'affirmation de soi devrait être mise à développer une base conceptuelle intégrée des caractéristiques de l'affirmation de soi.

Assertiveness training has been a mainstay in cognitive-behavioural therapeutic approaches, demonstrating effectiveness with a wide variety of client problems. Much of the early research provided support for a strictly behavioural approach to assertiveness training combining coaching, modelling, and operant reinforcement procedures to correct skill deficits and reduce response inhibition (Galassi & Galassi, 1978; Heimberg & Becker, 1981; McFall & Lillesand, 1971; McFall & Marston, 1970; McFall & Twentyman, 1973). However, pure skill deficit models of assertiveness left several questions unanswered. For example, Schwartz and Gottman (1976) noted that a component analysis of assertiveness training programs suggested that a skill deficit model did not explain fully the nature of nonassertive behaviour. In a similar vein, Alden & Safran (1978) found that unassertive people often did not have a deficit in social skills, but never-the-less still behaved unassertively. Other researchers (Galassi & Galassi, 1978) noted that often assertive behaviour was not socially reinforced but that the client still behaved assertively, despite the lack of reinforcement.

Perhaps as the result of such anomalies, the focus of assertiveness training has shifted over the years to include some cognitive elements in

assertiveness training programs. Some of the cognitive factors included in combined approaches include: discussions of personal rights and coping skills, training in self-instruction, altering negative self-referenced covert dialogue, cognitive restructuring, and altering outcome expectations (Alden & Cappe, 1981; Alden & Safran, 1978; Fiedler & Beach, 1978; Jacobs & Cochran, 1982; Kaplan, 1982; Kazdin, 1982; Kuperminc & Heimberg, 1983). Linehan, Goldfried and Goldfried (1979) found that such a combined cognitive-behavioural approach to assertive training was more effective that a behavioural approach alone. Similarly, Schwartz and Gottman (1976) suggested that both knowledge and skill were important in behaving assertively.

A variety of explanations has been offered for why cognitive factors seem to enhance a strictly behavioural skill deficit approach to assertiveness training. As early as 1974, Smith (1974) suggested that people's irrational beliefs about themselves, their place in the world, and the appropriateness of behaving assertively were responsible for much of the inhibition of assertive behaviour. On a related theme, Kuperminc & Heimberg (1983) found that nonassertive people viewed the consequences of being assertive as less favourable than being unassertive. In a related vein, some studies (Bruch, 1981; Bruch, Heisler & Conroy, 1981; Chiauzzi & Heimberg, 1983; Fiedler & Beach, 1978; Kuperminc & Heimberg, 1983) have suggested that the cognitive sets of assertive and nonassertive individuals may differ and that these cognitive differences may be important assertiveness training. However, research has not yet mapped out what sorts of cognitive sets influence assertiveness or how the conceptualizations of assertive and nonassertive individuals differ. This type of conceptual mapping could provide valuable information about the cognitive factors associated with assertiveness and could ultimately serve as a template for instructing nonassertive people how to pattern their conceptualizations after those of their more assertive counterparts.

Despite the enduring nature of cognitive-behavioural assertiveness training programs, research in this area seems to have slowed to a trickle in recent years. Earlier studies have provided considerable documentation of the important role that cognitive factors play in assertiveness training. Less is known, however, about the nature of cognitive change that assertiveness training participants experience. We reasoned that acquiring more information about the nature of this change, especially change in cognitive structure (conceptualizations), that clients undergo as they learn to be more assertive, might provide important information about how to approach the task of assertiveness training. That is the purpose of the study reported in this paper. Specifically, this study investigated differences in the conceptualizations of assertive and non-

assertive people and how the conceptualizations of nonassertive people changed as they became more assertive.

METHOD

Participants

Data are presented for nine subjects who participated in a 12-hour group assertiveness training course. Five subjects completed the course in a 2-hour/week for six weeks format offered by the Red Deer Regional Hospital Outpatient Department. Four subjects completed the courses in a weekend assertiveness training group format offered through the Red Deer College Community Education Department. Although the two groups were conducted in different settings, the course outline and subject pool was similar in both groups. In fact, as few AT groups were available in this small community, many subjects were referred to the College group when the Hospital group was full. All subjects were recruited on a voluntary basis. Participants ranged in age from 17 to 55 years old and represented diverse educational and occupational backgrounds. Eight were female and one was male.

Dependent Measures

Two dependent measures were used in this study. The "Assertion Inventory" (AI) (Gambrill & Richey, 1975) was used to determine degree of assertiveness. A Cognitive Mapping Task (CMT) (Cummings, Hallberg, Martin, Slemon & Hiebert, 1990; Hiebert, 1987; Martin, 1985, 1987; Martin, Slemon, Hiebert, Hallberg & Cummings, 1989) was used to determine conceptualizations about assertiveness. Both instruments were administered in a pre/post-test fashion, with data collected on the day prior to and immediately following the assertiveness training group.

Assertion Inventory

The AI is a 40-item assessment instrument requiring respondents to indicate separately the degree of discomfort (AI-D) and the frequency of assertive behaviour (AI-B). The AI has demonstrated adequate test-retest reliability ($r = .81$ for discomfort, $r = .87$ for frequency) and construct validity using three undergraduate samples totalling 269 males and 388 females (Galassi & Galassi, 1978). In our study, post-test AI's were used to assess changes in assertiveness and to identify high and low assertiveness individuals. Gambrill and Richey (1975) suggest that AI-D scores above 96 and AI-B scores above 105 indicate unassertiveness. For more stringent group distinction the cut-off scores in this study were set at 77 for AI-

D and 87 for AI-B. Both scores higher than these values classified an individual as assertive. The pretest scores for all subjects placed them in the "Unassertive" category. Gambrill and Richey's two additional subject categories, Anxious Performer (high discomfort/low frequency) and Doesn't Care (low discomfort/high frequency), were not used in this study.

Cognitive Mapping Task. The CMT is a two-step process. First, subjects are asked to generate a list of concepts pertinent to a particular topic, usually in response to a definite question like, "What are the most important things to consider when trying to be assertive?" Second, subjects arrange the concepts on a large piece of graph paper to create a pictorial representation (a cognitive map) of their conceptualizations.

In order to facilitate comparison between the cognitive maps of different subjects, and the maps of the same subject at pre and post test, a standard list of concepts was used in completing the CMT. Previous research (Hiebert, 1987; Martin, 1985, 1987; Martin, et al., 1989) has used both standardized and individual (unique) sets of concepts. The advantage of standardized lists of concepts is that they permit easy comparison of CMTs across different subjects. The disadvantage of a standardized list of concepts is that some of the concepts might not be meaningful to some subjects and therefore be difficult to incorporate into a map. The advantages of individual sets of concepts is that they are meaningful to each subject because each subject generates his or her own set of concepts. However, this often makes comparison between subjects difficult or impossible because different maps contain different concepts. Further, using the individual approach makes comparison of maps to theoretical concepts difficult because the words of the subjects may not match those used in theory. In the end, we placed more importance on the advantages associated with potential for comparison, and thought that there were other measures we could take to increase the likelihood that the list of concepts would be meaningful to the subjects.

In developing our list of concepts for the CMTs, initially, a survey of the literature on assertiveness was conducted to determine the sorts of conceptual factors that seemed to be important. Next, a pilot group of eight people enrolled in an out-patient assertiveness training course was given different stimulus questions and asked to complete step 1 of the CMT, i.e., generate a list of concepts that the question prompted. The list so obtained was compared to the list derived from the literature. The stimulus question that generated the largest number of concepts that were similar to the list derived from theory was selected for use in this study. The stimulus question so chosen was "What kinds of beliefs, skills characteristics, attitudes, behaviours, etc., do assertive people have?" Next, a master concept list was created by combining the subjects' responses and those obtained from the literature. To confirm that this list

would be meaningful in completing step 2 of the CMT, the same pilot subjects were given the master list of concepts, instructed that the list was obtained by asking people to respond to the stimulus question, and then asked to cross out any words that they thought did not belong and to add any words that they thought should be there but were missing. This resulted in a list of 17 concepts that subsequently were used in Step 2 of the CMT. The list so obtained was: confidence, directness, eye contact, erect posture, standing up for your rights, control, negotiating ability, persistence, firm voice, I-messages, strong, positive, fairness, genuine, self-esteem, refusing requests, and accepting compliments. Finally, the 17 concepts were transferred to 17 yellow gummed post-it stickers with one concept on each sticker.

In step 2 Subjects were given a set of 17 stickers and asked to arrange them on a sheet of laminated graph paper in such a way that the relative distance between stickers indicated how the concepts they represented were related in their thoughts. Next a blue china marker was used to draw connecting lines between the stickers to represent the way the concepts were related in the subject's thinking. Subjects were free to rearrange stickers and lines until they were satisfied that what they produced was a good representation of their understanding of the concepts and their relationships with each other. Lastly, a red china marker was used to draw a circle around any clusters of concepts (i.e., concepts that seemed to be part of some larger concept), and label each circle that was drawn. (For detailed instructions see Hiebert, 1987; Martin, 1985).

The CMT yielded four quantitative measures: Conceptual Integration (number of links between concepts), Centrality (number of links emanating from each concept), Diversity (number of superordinant groups of concepts), Number of Non-overlapping Clusters (number of independent superordinant groups). Conceptual Integration addressed how well-connected (integrated) or over-connected (undifferentiated) each concept was in relation to other concepts. Centrality investigated the degree to which concepts were central components of the cognitive map. Diversity accounted for the number of major organizing concepts in the cognitive structure. Number of Non-overlapping Clusters was an index of how conceptually distinct the major concept groupings were in each cognitive map. Cognitive maps also were studied qualitatively by researchers with regard to the spatial arrangement of constructs, the nature of the items clustered together, and the common central constructs across time.

RESULTS

The post-test AI scores for all subjects showed a decrease from pretest levels for both AI subscales. A 2-tailed correlated t-test confirmed that

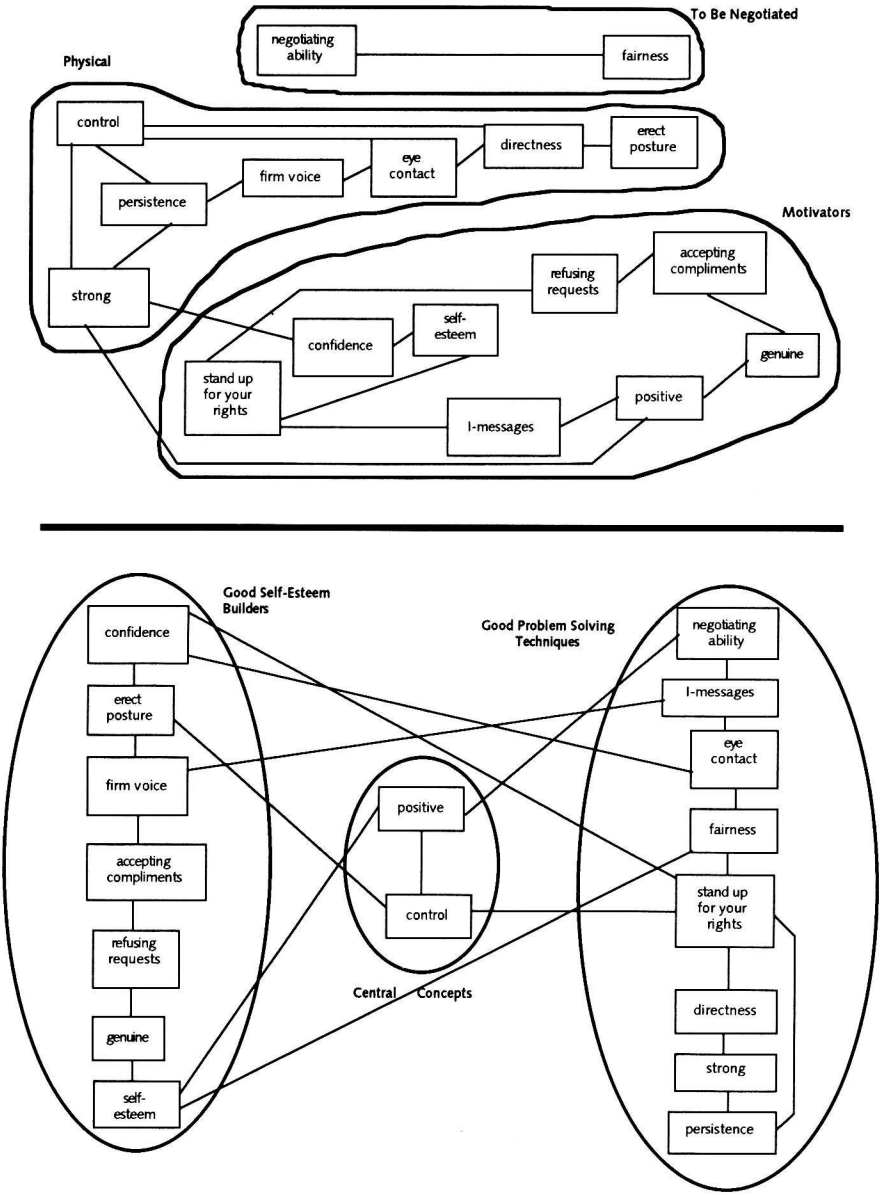


FIGURE 1

Pre (top) and post (bottom) cognitive maps of subject showing change in assertiveness.

assertiveness training had resulted in increases in both AI subscales for the group: for AI-D $t(8)=3.38$, $p < .05$, and for AI-B, $t(8)=3.41$, $p,.05$. However, the effects were not uniform across the whole group. Specifically, three subjects moved from "Unassertive" to "Assertive" using the categorization criteria mentioned earlier. Three subjects moved from "Unassertive" to "Doesn't Care," and three subjects still remained in the "Unassertive" category at post-test, even though their scores did decrease. The scores of the remaining subjects placed them in the assertive category at post-test. To illustrate differences between the group of subjects who showed the greatest treatment effect and those who showed the least, the pre and post-test CMTs of one representative individual from each group are presented and discussed below. Then the post-test CMTs for the three subjects who scored in the "Assertive" category will be contrasted with the three subjects who remained in the "Unassertive" category.

Changes in Conceptualization Across Time

Figures 1 and 2 depict, respectively, the pre and post-test CMTs of one subject who scored in the "Assertive" category at post-test and one who remained in the "Unassertive" category. Based on prior research (Hiebert, 1987; Martin, 1985, 1987; Martin et al, 1989) we expected that the "Assertive" subject would demonstrate increases on the four CMT qualitative indices, while the "Unassertive" subject would show decreases on the same indices. Because of the potential for researcher projection and the number of inferences that can be made from any map, we emphasize that our comments are tentative interpretations of observed change in assertiveness conceptualizations.

Subject #1. The post-test AI scores of Subject #1 placed her in the "Assertive" group. The pre-test and post-test cognitive maps are depicted in Figure 1. We were first struck by the contrast between the disjoint and ambiguous representation in CMT #1 compared to the more clear and "together" representation in CMT #2. The cluster labels of CMT #2 ("Good Self-Esteem Builders"; "Central Concepts"; and "Good Problem-Solving Techniques") more closely approximated current assertiveness literature than do those of CMT #1 ("Physical"; "Motivators"; and "To Be Negotiable"), suggesting a more integrated understanding of the nature of assertiveness at post-test. This perception was confirmed by Subject #1's Conceptual Integration Score which increased from 20 to 23.

The changes in Centrality Scores illustrate some interesting conceptual shifts. Initally, "Control" and "Strong" had the highest centrality scores and therefore could be considered the most central or important concepts. At post-test "Stand Up For Your Rights" had the higest centrality score, i.e., had the greatest number of concepts connected to it.

"Strong," a primarily affective associate, became less important over time. Pictorially, "Control" and "Positive" are in central pictures both with centrality scores of 3. This suggests a shift in thinking towards viewing assertion in a more positive light. Eight other concepts in addition to "Control" also show centrality scores of 3. Moreover, several concrete behavioural concepts emerged as central items. "Erect Posture"; Firm Voice"; "Eye Contact"; and "I-Messages." These are behaviours which may be readily learned and used by the individual, suggesting perhaps a greater amount of interpersonal control then was the case at pretest when emotionally-based items like "Strong" were more central.

A shift to a more problem-solving emphasis appeared evident at post-test. Subject #1 connected "Eye Contact" with "Control" on CMT #1 and then with "Confidence" on CMT #2. Perhaps "Eye Contact" was initially regarded as a means of interpersonal control, but following assertiveness training, "Eye Contact" was associated with "Confidence". This may be a move away from using "Control" as a primary interpersonal tool. "Self-esteem" on CMT #1 was connected to "Confidence" and "Standing Up For Your Rights." CMT #2's connections from "Self-Esteem" to "Positive"; "Fairness"; and "Genuine," may be affective manifestations of self-esteem.

In Summary, Subject #1 demonstrated a shift from an affective conceptualization of assertion to a more behavioural problem-solving approach. Increases in Conceptual Integration and Centrality contributed to a considerable increase in self-reported assertion.

Subject #5. The post-test AI scores of this participant depicted an "Unassertive" individual. The disjointed and unconnected cognitive map at pretest, which bears remarkable similarity to the pretest map of subject #1, appeared only slightly changed over time (see Figure 2). The cluster labels bear little resemblance to constructs in the assertion literature and show little change from map 1 to map 2. "Being Firm" was the most important construct at pretest, as demonstrated by the size and the degree of interconnectedness of this cluster. "Refusing Requests," was labelled "Being Negative, "Self-Esteem" was called "Being Selfish," and "Accepting Compliments" was called "Flattery," suggesting some tendency toward self-effacement at pre-test. The post-test map of Subject #5 did include a cluster called "Standing up for myself," but it was associated with empathic focus "Thinking of the Other Person," suggesting that a strong other-dependence still remained at post-test. The number of similarities between the two cognitive maps suggests that very little conceptual change took place across time.

The quantitative scores of the CMTs of Subject #5 also depict little desirable change across time. Conceptual Integration Score dropped from 10 to 7 over time. Both scores are quite low and the post-test decline

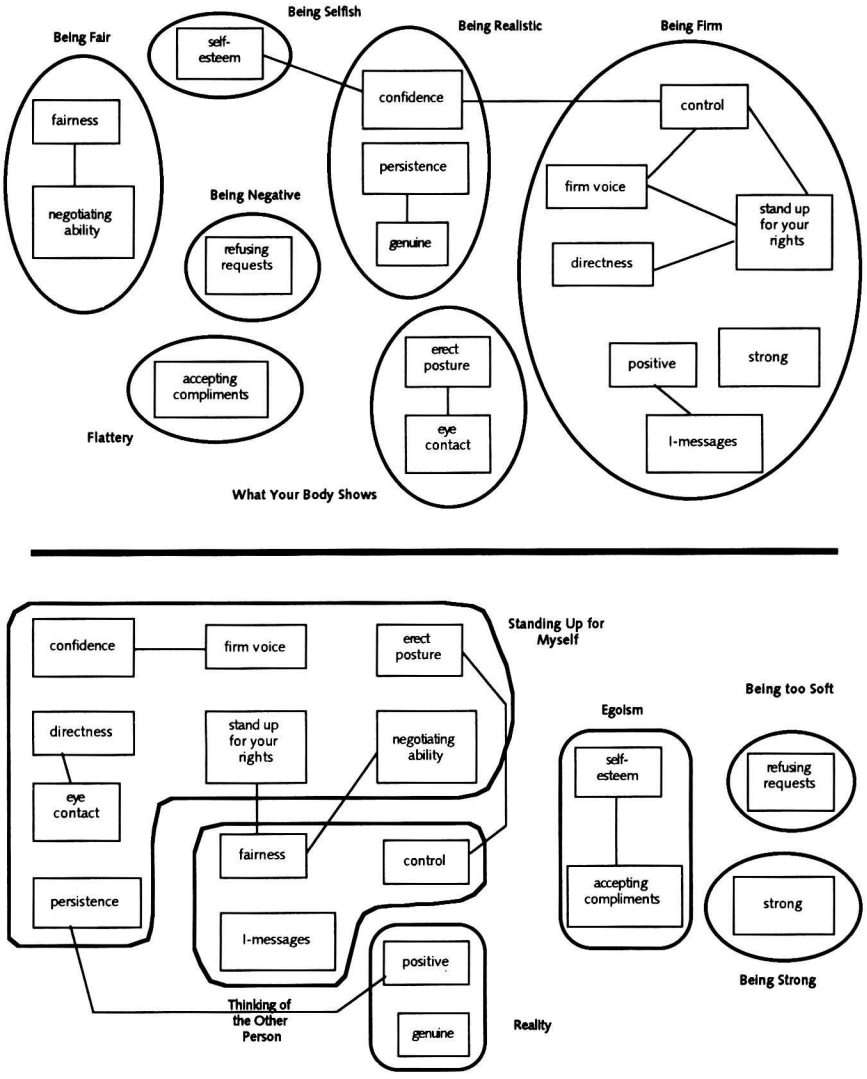


FIGURE 2

Pre (top) and post (bottom) cognitive maps of subject showing little change in assertiveness.

may be indicative of a failure to integrate assertion concepts to a greater extent over time. Conceptual diversity decreased from 7 to 6 Clusters. Non-overlapping Clusters also dropped from 7 to 6. The lack of conceptual change and the minuscule Centrality Scores was striking. The most striking change at post-test was a 2 unit decrease on centrality scores for both "Control" and "Stand Up for Your Rights." At post-test the highest Centrality Score, ("Fairness"), was 2. Visual inspection revealed considerable similarity in concept arrangement in maps 1 and 2. A cluster containing "Refusing Requests" on CMT #1 remained intact, with the label changing from "Being Negative" to "Being Too Soft," thus maintaining a negative overtone attached to being assertive. The "Egoism" cluster on CMT #2 was a merger of two clusters from map 1, "Being Selfish" and "Flattery," again maintaining a negative overtone.

In summary, Subject #5's maps suggest less conceptual clarity over time. The Conceptual Integration, Diversity and Non-overlapping Cluster scores were initially low and dropped lower over time. Little change in cluster arrangement was noted and cluster relabelling was minimal at post-test. The shift from an effective to a behavioural problem-solving emphasis that was evident in the maps of Subject #1 was notably absent in the maps of Subject #5.

Comparison of Assertive and Unassertive Groups

This section describes the differences between subjects who were assertive at post-test, Group 1, (Subjects 1, 4, 8) and those who remained unassertive, Group 4, (Subjects 3, 5, 9). First the quantitative data will be summarized, then the qualitative data will be presented.

Quantitative differences. Comparisons between assertive and unassertive groups were made on four quantitative measures. The first observation was that subjects who were in the unassertive group consistently demonstrated lower amounts of change in the quantitative measures associated with their CMTs than those who became assertive. First on the "Conceptual Integration Score" all Group 1 subjects demonstrated an increase, while two Group 4 subjects showed an increase and one showed a decrease over time. On the second quantitative index, "Centrality," the changes in centrality for all concepts across all subjects were calculated and group means for gains (concepts that became less central) were obtained. [Readers will recall that higher Centrality scores indicate a concept is linked to more other concepts, suggesting the concept was a more central component in the overall cognitive map and of greater schematic importance.] The average Centrality gain score for Group 1(+29) was almost twice as great (+15) as Group 4 and the loss score (−1.7) more than three times as small (−7.0). This suggests a substantial shift of importance in some concepts for subjects who became more assertive and relatively little change, or even a change in the direction of

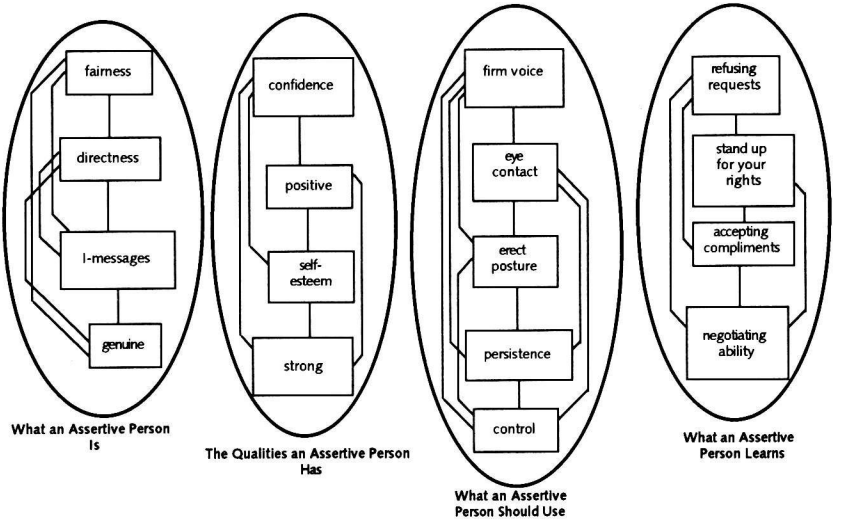
decreased conceptual importance, for subjects who did not become more assertive.

Two other quantitative measures showed modest differences between the two groups. On "Conceptual Diversity" (the "Number of Concept Clusters"), two assertive subjects showed an increase in Conceptual Diversity, while the remaining one showed no change. Two of the unassertive subjects showed an increase, while the third one decreased. On the fourth measure, "Number of Non-overlapping Clusters" (an index of the amount of conceptually distinctness), two subjects in Group 1 showed an increase and the remaining one showed no change, while Group 4 was equally divided with one subject showing an increase in non-overlapping clusters, one showing no change, and one showing a decrease.

Taken as a whole these data suggest that people who became more assertive were more likely to produce CMTs showing a greater number of conceptual links than their unassertive counterparts and that many key constructs increased in conceptual importance for assertive subjects, likely as a result of conceptual reformulation. This observation was affirmed by the Assertion Inventory (AI) Scores. Mean discomfort scores and mean behavioural frequency scores for the assertive group each decreased by 37 points, while the scores for the unassertive group decrease by 6.3 and respectively. As a whole these findings suggest considerable conceptual change, as well as change in self-reported affect and response tendency, for subjects who demonstrated a shift from "Unassertive" to "Assertive" at post-test as compared to those subjects who did not change enough to make that shift.

Qualitative differences in cognitive maps. An overview of the post-test maps revealed some important differences between the two groups in both cluster labelling and spatial arrangements. (See Figures 3 and 4, and combine them with the post-test maps from Figures 1 and 2.) The flavour of the "Assertive" group cluster labels seemed to reflect an absorption of assertiveness training course content. An example of this is Subject #1's label, "Good Problem-Solving Techniques." The "Unassertive" group responses were less aligned with assertiveness literature. An illustration of this observation may be Subject #3's label entitled "Body" and Subject #5's label called "Egoism."

Several salient features seemed to emerge when comparing the structural arrangements of the CMTs. Group 1 generally possessed consistency in cluster size. Group 4 demonstrated more examples of a one or two-item cluster alongside a multi-item cluster. Many of the small clusters in Group 4 were poorly integrated or possessed few connections to other associates. All of Group 1's CMTs were well integrated. Another observation regarding cluster arrangement, pertained to dichotomies between unintegrated and undifferentiated clusters in Group 4 (see Subjects #3



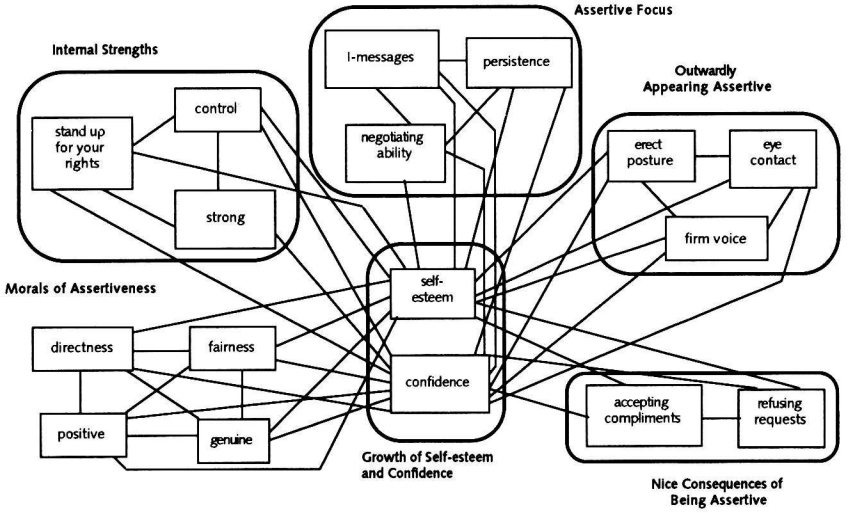


FIGURE 3

Post-test CMTs for Assertive Group Subject #4 (top) and Subject #8 (bottom).

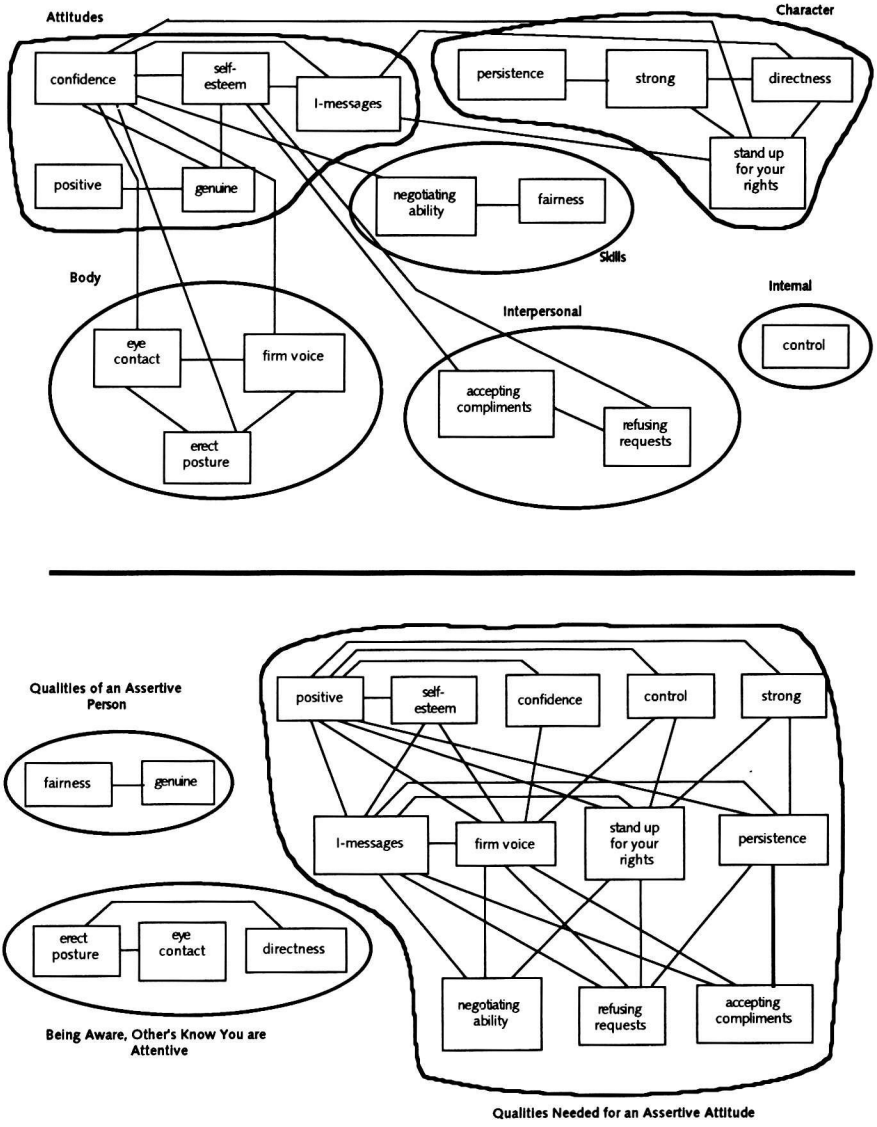


FIGURE 4

Post-test CMTs for Unassertive Group Subject #3 (top) and Subject #9 (bottom).

and #9). All three CMTs in the "Assertive" group were well integrated as illustrated by Figures 7 and 8 and reveal greater awareness of assertiveness training literature than Group 4 does.

Summary. To summarize, the examination of both individual and group CMTs depicted substantial changes in conceptualizations of assertiveness across time. These changes seemed to be related to the degree ofchange on the Assertion Inventory. Moreover, in comparing the conceptualizations of subjects who were "Assertive" at post-test to those who were not, noteworthy differences in conceptualizations were observed.

DISCUSSION

Summary of Major Findings

The data from this study suggest a positive relationship between subjects' conceptual growth (evidenced by CMT indices) and their increased cognitive competence in assertion. Martin (1987) described cognitive restructuring accompanying increased cognitive competence as embodying three conditions: an elaboration of a client's existing schemata to permit ongoing integration and differentiation of new situational information, problem-solving schemata specific to the immediate task, and finally, schemata must contain personally relevant elements that allow the client a sense of personal empowerment. We believe that the "Assertive" group demonstrated these three aspects of cognitive competence in their post-test cognitive maps.

Regarding *schematic integration and differentiation,* all three Group 1 subjects demonstrated considerable increases in Conceptual Integration Score while only two Group 4 subjects showed increases and those were small. Unassertive subjects generally had cognitive maps with a large number of links between some concepts and/or other concepts which were poorly connected. Assertive participants seemed to have a more consistent pattern of connectedness between concepts. Further, the assertive group demonstrated more differentiated schemata than did the unassertive group. The assertive group had twice as great an increase in Non-Overlapping Concept Clusters as the unassertive group and no decreases. The non-overlapping cluster score characterizes maps as increasingly conceptually distinct, paralleling Martin's (1987) view of differentiation. Changes in the spatial arrangement of concepts from map 1 to map 2 seemed to illustrate Martin's (1987) depiction of elaborated problem schemata. He states that sometimes existing schemata are too general or too disconnected to permit assimilation of new information, so integration and differentiation do not occur. This notion was evidenced when unassertive subjects left portions of their CMT the same from map 1 to map 2. Conversely, "Assertive" subjects demonstrated

much greater conceptual reformulation or more elaborated schemata at post-test.

Regarding *Task-Relevant and Empowered Schemata,* assertive subjects had a more even spread of Centrality Scores as compared to the unassertive group's heavy reliance on one or two centrally important items. This observation follows along the lines of Martin's (1987) notion that each schema must contain concepts that are task-relevant and empowering to the individual. The assertive subjects were more likely to view many concepts as important and personally relevant while unassertive subjects viewed fewer concepts as important. A further indication of empowerment is evidenced in the observation that those subjects who demonstrated increases on CMT indices also demonstrated increased AI scores.

Research Implications

The CMT procedure has been reported as a research instrument five times in the literature. Earlier studies suggest that the CMT has some useful application to counselling research (Hiebert, 1987; Martin, 1985; Martin et al., 1989). It provides an innovative access to and visual representation of, client conceptualizations. However, the CMT has not been extensively tested to establish validity and reliability as a research tool. One limitation inherent in the application of the CMT methodology to assertion research was the lack of a similar methodological forerunner. Also the use of a fixed list of assertion associates for CMT composition may have jeopardized the ecological validity of the investigation. Given the choice, subjects may have suggested more personally relevant associates from which to build their cognitive maps. Further research is needed that addresses the trade-off between the facilitative effects of using a fixed list when evaluating and comparing subjects' CMTs and the potential risk to personal relevancy of a fixed list procedure.

However, in spite of potential shortcomings, the CMT has a number of potentially valuable uses in assertiveness training. It could be employed as a pre-screening device to evaluate and group conceptually similar individuals. In this way, assertiveness training groups might be tailor-made to address the conceptual needs of the individual. It also could be used to make tentative diagnoses regarding why some subjects did not seem to benefit from assertiveness training or failed to translate learnings gained in assertiveness groups into their daily living. We believe the information gained from this study addresses some aspects of the gap that exists between current cognitive-assertion theory and corresponding research. Future utilization of the CMT methodology may prove helpful in illuminating conceptual differences between assertive and non-assertive individuals even further.

Counselling Implications

Our findings suggest several considerations that may enhance Assertiveness Training programs. The first arises from the observation that subjects who became more assertive also demonstrated greater conceptual integration and conceptualized key concepts that were learnable and self-directed, rather than affective or other-focused, as more central to being an assertive person. This suggests that Assertiveness Training programs might be enhanced by activities devoted to identifying important thinking patterns, determining the connectedness of key facilitative cognitive concepts, and making sure that clients or group participants end up with an integrated, connected conceptualization of what it means to be an assertive person. This goes beyond merely identifying and discussing particular nonfacilitative thought patterns, or irrational beliefs, to include examining the more positive thought patterns demonstrated by assertive people, how those conceptualizations are interconnected, and how they effect one's behaviour and feelings. Perhaps this observation, combined with the finding that while unassertive people often know *how* to behave assertively they just do not *do* it (Alden & Cappe, 1981; Alden & Safran, 1978), suggests that a far larger proportion of the content of assertiveness training programs should be devoted to cognitive concerns.

In conclusion, we believe that the relationship between change in cognitive structure (conceptualization) and change in assertion warrants greater attention than it has received to date. People's cognitive schemata appeared to be important factors in the acquisition of assertion for participants in this investigation. In fact the assertive group universally demonstrated substantial conceptual shifts over the course of training. Since cognitive structure is the foundation for all cognizing, the merging of schematic research techniques with more traditional research on Assertiveness Training may provide an enriched vantage point from which to understand and make more effective the task of teaching people to be more assertive.

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