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ASSERTIVENESS TRAINING FOR WOMEN  
WITH VISUAL IMPAIRMENTS

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ABSTRACT

An assertiveness support group was designed for five women with visual impairments who were attending college. The purpose of the group was to apply concepts underlying assertive behaviors (Phelps & Austin, 1975) to effectively managing psycho-social factors related to adjustment to a disability (Wright, 1960; Donaldson, 1980). Issues such as developing assertive responses other than eye contact, defining a sense of personal power in handling dependency related to the presence of an impairment and identifying strategies for dealing with the stereotypes of others were discussed. Although no formal measurements of the group's effectiveness were made, verbal feedback from participants at the end of the five month program indicated that they felt quite positive about the experience. Further research is recommended to explore various designs and effectiveness of group programs, especially in terms of the impact of a disabled facilitator upon group process. Evaluating the significance of combining assertiveness concepts with psycho-social components of adjustment to a disability is also encouraged.

BACKGROUND

Our society during the past decade has experienced an awakening sensitivity to the meaning of civil rights for minorities. Blacks, Hispanics and women are examples of groups who have felt the power and pride of their united energies. The handicapped, as a collective

advocacy force, have only recently demonstrated a sense of community in their efforts, brought together by the bonding of shared goals and beliefs in the value of common experiences (Hull, 1979). The stigma surrounding the words disabled or handicapped is slowly being replaced by association with the potential for action and influence. Advocacy roles and creation of coalitions of persons with handicaps, the strive for consumer input and challenge of attaining attitudinal/architectural accessibility are responsibilities currently assumed by individuals who are physically impaired (Hull, 1979).

There has been a catch, however, in the growth of an acknowledged, cohesive power base of people with disabilities, due perhaps to the lack of a positive group identity and visible emergence of effective role models, especially for handicapped women. For blacks, black is beautiful; for women, power is sisterhood; for disabled - well, a healthy collective spirit, divorced from the maudlin images of poster children, is slow to come. But the conception of a dynamic, perceptive social movement has begun, spurred by individuals with disabilities merging their newly found autonomy - their integrity in insisting upon the opportunity to define individual life satisfaction - with the knowledge and skills to impact social change. Having spokespeople who can draw strength and resourcefulness from their experiences of being disabled, who have the verbal ability to address issues, pinpoint methods of resolving problems and employ their handicaps as a way to highlight messages for affirmative action are key to the maintenance of a productive civil rights movement.

The idea of women with physical limitations taking responsibility for themselves and implementing change, however, is fairly recent. Our culture has told us that the disabled as a group are to be pitied, avoided or condemned (Goffman, 1974). Disability has implied not only a difference in mobility but also in character; a physical restriction then becomes the focal point for judging an individual's personality, academic/vocational possibilities, social-sexual potential and life happiness (English, 1971).

Because of our country's investment in physical

independence and ability as a life style, a handicap is frequently perceived as a threat to the non-disabled - a situation that could happen to anyone, at any time, and a phenomena to be avoided. We constantly receive many messages about how important physical mobility and attractiveness are. Advertisements tell us to look like Farrah-Fawcett, telethons sell the "helplessness" of a handicapping condition and the disabled were previously isolated at home or socially avoided. The fear of dependency realistically or not associated with a disability has pervaded our culture's understanding of women who are handicapped. The humanness, therefore, of women with physical limitations was not seen; their handicaps defined their worth and our society's fear, plus lack of awareness about the commonality of the human experience, maintained these stereotypes. Such assumptions encourage women with handicaps to be categorized and kept at a social distance; apprehension about persons who have physical differences was not dealt with, but rather sustained.

A handicapped woman, therefore, not only has to handle her own feelings in adjusting to a disability but also the attitudes of others. A handicap may bring forth judgements about one's personal worth and social acceptability, not unlike assumptions made about women in general because of their sex. Women have been characterized as needing protection and desiring dependency, with their main source of identity coming from being mothers or spouses. A female's attractiveness has been defined in terms of a mate's approval and her ability to raise a family. Again, a person's intrinsic skills, values and expected behavior are determined according to external qualities.

What do these cultural norms mean for a women who is disabled? Her integrity as an individual in taking responsibility for herself, being able to interact with others and deal with the demands of daily living may be disregarded. Any imagined or real physical dependency often negates her status as a prospective partner or capable employee. Perhaps, most importantly, a handicapped woman faces a struggle in defining her self-esteem and social-sexual identity. She has been told that a woman should resemble the body beautiful image

idolized by our society; that making it means living up to the expectations for perfection we so desparately pursue. Looking different indicates not that she is an individual, but that she is inferior. Instead of learning to value herself and her body according to her personal standards of worth, she may focus on how she varies from the norm and so miss the beauty of her uniqueness.

Dealing with the above external pressures throughout one's lifestyle necessitates a fairly healthy self-concept, positive body image and freedom to take risks (Wright, 1960). Yet how does a woman with an impairment acquire such qualities when cultural pressures frequently have focused on her limitations, so that approval from others often becomes more important than her personal affirmation?

#### PROGRAM RATIONALE

Assertiveness training appears to offer a basis for building interpersonal skills and learning how to reinforce a healthy self-esteem (Phelps & Austin, 1975). Morgan & Leung (1980) conducted an assertiveness training program with physically disabled college students and found that subjects who participated in the sessions demonstrated improvements in inventories that measured acceptance of disability, self-concept/esteem and social interactions. Mishel (1978) also stated that handicapped persons who completed assertive training reported increased assertive behaviors in their life experiences. Such behavioral skills can enhance a disabled individual's effectiveness in interpersonal and self-advocacy situations (McFall & Marston, 1970).

There is a lack of discussion in the literature, however, about the design of assertiveness sessions for disabled women. Attention has not been focused on the psycho-social factors that may be related to disability and subsequently affect the refinement of assertive behaviors. How does a woman with a visual impairment, for example, compensate for an inability to establish eye contact as she assertively handles a situation? What does help mean to a handicapped woman and how can she manage necessary assistance so that her personal power

and independence are enhanced? Can she create strategies for dealing with assumptions that may be made about her because of her disability in a self-affirming manner? Can she channel her anger in being stereotyped by others into actions that enrich her self-esteem and range of choices for inner satisfaction?

#### THE PRESENT PROGRAM

An assertiveness support group for women with visual impairments was formed at Wayne State University to explore the above issues. Women volunteered for the program that initially was to run for eleven weeks but lasted for five months. All group members had visual impairments and came from varied backgrounds: one woman was single and in the third year of law school while the second was divorced with two children and in social work. The third and fourth members were married and undecided about their majors; the fifth woman was a senior in English. Two women had visual impairments since childhood and the remaining group participants lost their sight when they were either adolescents or young adults.

The purpose of the group, which met on a weekly basis for 1 1/2 hours, was to discuss the principles of assertive behaviors, explore women's communication patterns and develop strategies for effectively managing a disability. A counselor, who is a handicapped woman, facilitated the group and combined the behavioral principles of assertiveness training (Phelps & Austin, 1975) within an experiential group framework (Lakin, 1972). An experiential orientation stresses the communication between members as a valuable vehicle for self-understanding and greater interpersonal effectiveness. Leadership within the group is shared and participants are encouraged to initiate interactions.

During early sessions, the facilitator directed discussions about components of assertive behavior, with an emphasis on relevant concepts (Phelps & Austin, 1975; Jakubowski, 1977). As women became familiar with assertive principles, such discussions became less frequent. Members, however, were consistently encouraged

to relate the group's communication dynamics to assertiveness constructs. The facilitator shared experiences in living with her disability upon request from other members or when she considered such self-disclosure appropriate. It is important to note here that there has been no research about the impact of a disabled facilitator upon group process. Such investigation is becoming increasingly essential as more handicapped professionals enter the counseling field.

As stated previously, early sessions were spent defining the difference between assertive, aggressive and passive behavior, (Phelps & Austin, 1975) along with identifying what members had been taught from family, friends, and our society about their roles as women and as disabled individuals. Ways of expressing assertive behavior, such as voice, facial expression, body posture, gestures and eye contact were also specified. Since most women were not able to see others' expressions, attending to cues such as their physical position in relation to another person and quality of voice were additional methods of displaying assertive responses.

The importance of physical contact for a visually impaired woman in communicating assertively was emphatically shown in one session where several women were very concerned about a member's lack of trust in others. While a few women leaned towards her as she spoke, the untrusting woman was unable to see the caring in the body movements or faces of people near her. At that moment, it seemed essential for group members to establish physical contact with each other so that they could non-verbally experience trust and caring. A volunteer, therefore, was asked to lie on the floor while the other members lined up on either side of her and, in unison, slowly lifted her from the ground. Women were instructed to gently rock her back and forth, and to be aware of the group's movement as a whole. After a few minutes, the woman being held was gradually lowered back to the floor. Trust shown through a shared, caring effort that was experienced physically and emotionally quickly helped the group move to a warmth that was apparent. Women seemed to be freer in reaching out -

in hugging or emphasizing a point by touching, by seeing through their fingers, hands, arms. Using physical personal space, therefore, became a useful component of assertive behavior.

Along with discussing the qualities comprising assertive interactions, clarification of roles that members perceived themselves assuming because of their sex and physical condition were also explored. Some felt that the presence of a handicap negated their rights to express anger or stand up for their beliefs. Others questioned the "shoulds" and "should nots" of saying no, compromising too much in relationships or playing down their social needs. Learning how messages from others complimented or contradicted with their personal beliefs was helpful in defining individual self-perceptions and values. A disability would not as a result mean that a woman is helpless, a burden, overly sweet or bitter. A woman could learn to appreciate herself, feel positive about her power and use it effectively. Women realized that they weren't alone in their uncertainties or fears: knowing that their needs or desires were not abnormal encouraged members to build confidence in their judgment and potential for change.

The basic tenets of an assertive philosophy outline by Jakubowski-Spector (1974) and "Everywoman's Bill of Rights" (Bloom, 1978) were useful guides in pursuing the meaning of another aspect of assertive communication classified as personal needs and rights. One individual, for example, talked about the overprotectiveness experienced from her family after her sudden sight loss. Independence became important to her as she acquired mobility skills, started college and lived in an apartment. Her need was for autonomy; her right, to self-sufficiency yet her family struggled to anticipate solutions for future problems she might encounter and maintain her dependency on them. Discussing her experience at home brought forth feelings about her sight condition, especially in terms of handling physical dependency while realizing her emotional independency. Needing assistance did not imply that she was incapable, required protection or had to be cared for. The student, however, had to work through feeling inadequate because she sometimes relied on others for help. The awareness that necessary



assistance allowed her to be more independent and that she could have a great deal of control over her life by arranging for needed aid gave some breadth to her **concept** of personal power. Support from other women sharing the belief that accepting help can be part of an individual's life style was also invaluable. We all need, we all receive - and give help.

Help, though, is a double edged interchange. It is usually much easier to give than receive over time and women frequently brought up the frustration they experienced in having to explain their needs repeatedly. Dealing with the attitudes of those who were insensitive or prejudged them because they relied on aid from others was a strain in certain situations, even for women who were positive about themselves. Women initially learned from one another that their aggravation or anger about negative reactions from those around them was helpful to discuss and that such perceptions need not determine how they perceived themselves.

Personal vulnerability was most apparent for members in understanding the process of how they handled reactions from others. An articulate member brought out an incident where she felt uneasy about using a cane which would allow her greater mobility in travelling on a city bus. The stigma attached to a white cane was difficult for her to handle and her identity was threatened by an external symbol of blindness. Since she was partially sighted, the student was unsure about whether people would see her as not really needing a cane and taking advantage of a system or else helpless. How she felt about herself became a prime tool to refine so that she could develop the inner resourcefulness to deal with negative reactions and her own uncertainties. The abilities she had, along with sources of support from family/friends to reaffirm her integrity plus ways she rewarded herself were intrinsic assets she could use in handling interactions. The attitudes of others many times could not be controlled or changed; the best resource available to her was the awareness that her disability was only one part of her - not the whole; that she was not solely defined by others' assessments of what she should be, based on what she could or could not do, but rather by who she is and would like to be. And with assertiveness, that meant believing

in one's right to have emotions, needs, fears - to try and not only succeed, but also fail - to trust one's assessment of a situation and attempt new behavior.

What women valued about themselves and others reflected the vitalness of establishing positive support systems, both from within the members themselves and from significant persons in their lives. The group itself grew into a supportive environment where women practiced listening more effectively, using "I" statements, and role playing different ways of dealing with situations. As the group cohesiveness stabilized, women seemed invested in understanding how they interacted with each other, so that assertive principles of expressing one's beliefs while being aware of others could be incorporated in each session.

At the end of five months, members seemed to have an understanding of their values in communicating and integrating assertiveness as part of their behavior. A few women emerged as strong models who had learned to maintain their self respect and deal with anxieties in living by acting, rather than refraining from involvement. All members verbally experienced an improved sense of mastery over their lives and greater self-satisfaction.

The idea that women need not settle for second best in intimate relationships, careers or friendships came through clearly. The possibilities, therefore, of asking a man out for lunch or initiating other dating activities was not only theory, but also practice! Instead of using energy to repress their feelings, women began to tap their strength for living. An individual could subsequently build a bridge from personal life satisfaction to a concerted advocacy role. And with that bridge new leadership for a social movement by the disabled can emerge, with handicapped women assuming key power positions.

#### RECOMMENDATIONS/SUMMARY

As members of two minority groups, disabled women contend with double stereotypes that often set limiting

parameters for them in defining a meaningful quality of life. Combining assertiveness training with strategies for managing a disability may provide handicapped women with effective living skills. Much more research is needed both in terms of the content of an assertiveness training program and measurements of a group's impact on participants. The resources and talents represented by disabled women can no longer be ignored - their viability no longer denied. The sense of personal power possible through assertive behaviors, plus the self-affirmation available through a support group, suggest that group programs offer a constructive approach for disabled women to embrace as they advocate for the right to life satisfaction and opportunity.

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