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From middle-class American women to French managers: The transatlantic trajectory of assertiveness training, c. 1950s-1980s.

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Abstract

This article explores the contribution of behavior therapy to the extension of psychotherapeutic notions and techniques into everyday life, focusing on the transatlantic trajectory of assertiveness training. It traces the history of this behavioral intervention into interindividual relations from its emergence as a treatment for anxiety in postwar United States to its importation into the French field of continuing professional training at the turn of the 1980s. To understand what traveled between countries and practical fields, I first consider the definition of assertiveness as a skill sitting halfway between passivity and aggressiveness, which developed in the United States along with its uses outside therapy. I relate the success and inflexions undergone by assertiveness training between the 1950s and the 1970s to theoretical and strategic innovations in behavioral therapy and psychology, as well as to the reception of political and social movements, especially the women’s movement. This article also shows that what moved between countries, sectors, and target audiences was not only an understanding of assertiveness as a socially acceptable expression of feelings, needs, and wants, but also diagnostic and action scripts fueled by the “ferment” of the 1960s. From middle-class American women to French managers, the expanded applications of assertiveness training were justified by the rhetoric of tensions between role socialization and new expectations for self-fulfillment and efficiency. Following the behavioral deficit model emphasized in assertiveness training, increasing calls for self-expression and participation prescribed communication skill training and a reconfiguration of interpersonal relations, both in the private and the work sphere. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Keywords: assertiveness training; behavior therapy; continuing professional training; psychotherapeutization; France.

1. Introduction

“Assertiveness is primarily self-control” [*S’affirmer, c’est d’abord se contrôler*], read the title of a piece published in October 1982 in the *Nouveau F.*, a French magazine geared toward women who:

now want to turn the freedoms [they have conquered] into happiness [...]. Nowadays, women are starting to gain self-confidence. But to be fulfilled, to go as far as possible, within themselves and toward others, they need to talk about themselves, about the obstacles that remain, the opportunities they can seize. [...] These more self-reliant, challenge-driven women seek physical development, ardor at work and rewarding relationships (“F Magazine va changer”, 1981 quoted in Levêque, 2016, p. 142).

The article opens with a scene that very much reflects the editorial line set out above: Françoise, a bank employee, has attended an assertiveness training workshop as part of a continuing professional training scheme. “Not complaining, not demanding things, or getting angry, but simply being self-assured at times when it is needed” “might have been the solution” to her problems. After a five-day workshop, she decides to practice what she has learned. When her husband Jacques comes home from work, makes himself comfortable and asks her, as usual, to go and get him a beer, Françoise tells him: “Not now, I’m tired”. In response to this polite refusal, her husband, although he is surprised, gets up and grabs a beer himself, and — how nice!— “even [pats] her cheek on his way” (Dana, 1982, p. 68). The “stand-up for yourself” behavior thus displayed was called assertion (Serber, 1971, p. 253), and presented here as a *savoir-faire* rather than an inborn gift, a social skill that could be quickly learned using imported “American” methods from behavioral psychology and therapy.

A lesser-known method of behavioral change compared to others derived from learning theory, such as exposure therapy and aversion therapy, assertiveness training, which emerged inconspicuously in the 1950s, became a professional and popular trend in the United States in the 1970s before spreading to other countries. Yet, this form of intervention in everyday interactions has received little attention from historians of psychotherapies. The fact is that compared to psychoanalysis, which until recently was the main focus of research in the field, it had modest theoretical ambitions, its targets were seemingly trivial, and its success less lasting. So far, the history of assertiveness training has mainly been approached from within the discipline of psychology, in the context of a reexamination of its connections to the cultural context in which it developed, and as a prelude to the assessment of the clinical pertinence of research on the subject. Psychologist Richard F. Rakos (1991), for instance, situated the emergence of this category of behavior and training strategies within a “Weltanschauung” that he viewed as prominent in the United States (p. 2). He argued that this worldview, structured by rationalist and pragmatist philosophies, informed by the social and political movements of the 1960s, led to the development of psychological techniques to gain “personal influence and expression” (p. 3). For her part, the feminist psychologist Mary Crawford has proposed a perceptive analysis of the gender norms embedded in this psychological construct and in

research on the topic (Crawford, 1997, 1998). While they emphasize questions of cultural biases, external validity and clinical relevance, these studies highlight the interest of assertiveness training for a social and cultural history of psychotherapies that is mindful of the diversification of models and intervention targets and of the historical circumstances and contexts that have influenced their development, transfer and appropriation between countries and social fields (Marks, 2017; Rosner, 2018; Shamdasani, 2018).

Assertiveness training is in particular a case that provides a valuable window into the dissemination of psychotherapy-inspired practices outside of clinical sites. This process known as the “psychologization” or “psychotherapeutization” of everyday life has been associated by proponents of various intellectual traditions in critical social theory to the rise of a “therapeutic culture” in the United States around the 1960s, which would have quickly spread to advanced free-market countries in Europe (Rieff, 1966; Lasch, 1979; R. Castel & Le Cerf, 1980a, 1980b, 1980c; Rose, 1996; Illouz, 2008). Frequently linked to a growing individualization and depoliticization (Wright, 2008; Marquis, 2014), this extension has been mainly attributed to the transatlantic success encountered by the psychotherapy models and techniques of the “bastard children of psychoanalysis” (F. Castel et al., 1979, p. 300), i.e. therapies that were inspired by psychoanalysis but departed from it, beginning with forms of intervention derived from humanistic psychology.

This article explores the contribution of behavior therapies to the extension of the scope of psychotherapies. It retraces the transatlantic trajectory of assertiveness training from its emergence as a treatment of anxiety disorders in the United States in the 1950s to its importation into the French mental health field and transposition in work settings in the late 1970s and early 1980s. In doing so, it links the widening applications of assertiveness training to the internal dynamics of the behavioral movement and to practitioners’ discourse on the cultural pertinence of their interventions. Instead of taking the therapeutic culture diagnosis as a given, it explores its active coproduction by psychologists and therapists, looking into the ways in which they approached the cultural changes and social movements of which they were contemporaries. What traveled between countries and social fields were not only psychological notions and techniques, but also discourses on the new needs and tensions resulting from these changes, which justified their expanded applications. The trans-sectoral mobility of assertiveness training also allows us to further look into the dynamics of psychologization. It particularly exemplifies sociologist Eva Illouz’s point that the newfound attention to subjectivity and to the emotional life of individuals combined with a form of rationalization of interpersonal relationships, both in the private and the work spheres (Illouz, 2007). Additionally, the application of this form of behavioral intervention to healthy individuals yields insights into this historical process not only as a “psycho-boom” but also as an “expansion of the academic discipline of psychology, which goes hand in hand with a shift towards natural sciences, the dominance of quantitative models, and the marginalization of theory-centered approaches” (Malich & Balz, 2020, p. 24). Focusing on the French case, the article explores how the two “psychologization processes” outlined by historians Lisa Malich and Viola Balz, worked

together, as the asserted empiricism, rigor and “ethical relativism” of behavioral therapy legitimized its broader applications (Rakos, 1991, pp. 3-4).

Drawing on secondary and primary sources such as journal articles, textbooks and popular psychology books, I begin by retracing the definition process of “assertiveness” as an intermediary behavioral style between passivity and aggressiveness, which in the United States developed alongside its extended applications in the 1970s. In an approach combining the history of ideas and the cultural history of psychotherapies, the inflections undergone by this notion are linked to theoretical and strategic evolutions in behavioral psychology and therapy, as well as to the reception of the ideological and social movements of the American sixties by its practitioners, particularly the women’s movement. I then examine the importation in France of a version of assertiveness as a socially acceptable expression of feelings, needs and wants. Using the newsletter of the French association of behavior therapy, professional publications, press and magazine articles, as well as oral history interviews, I describe its introduction in the field of mental health and transfer into that of continuing professional training in this country. It is in the light of the trajectory of initiators of assertiveness in France that the article highlights the convergences between behavior therapies and new behavioral prescriptions in the workplace resulting from transformations in the forms of staff organization and management.

2. Neither passive, nor aggressive: Toward a history of assertiveness as a socially acceptable behavioral style.

2. 1. Assertiveness for the neurotics

The “precursor” of assertiveness training in the practitioners’ own history of the practice is New-York based consulting psychologist Andrew Salter, who after receiving an undergraduate degree from New York University in 1937, established a private practice in Manhattan. A vocal critic of Freudian psychoanalysis, Salter developed in the 1940s a form of psychotherapy that vaguely drew from Pavlovian psychophysiology, which he called conditioned reflex therapy. Although the terms “assertion” or “assertiveness” did not appear in his eponymous 1949 book, it presented a set of techniques to resolve all kinds of psychological issues in the non-psychotic personality, ranging from shyness to anxiety, masochism and addictions, which were subsequently embraced by behavioral therapists.

These techniques emphasized emotional expression, and were informed by a particular conception of mental health that was formulated in the physiological terms of excitation and inhibition. “Excitation, Salter (1949) claimed, is a basic law of life, and neurosis is the result of the inhibition of natural impulses” (p. 37). In his view, education, social conventions and good manners generally shaped an inhibited personality type, displaying a range of neurotic behavioral tendencies such as indecisiveness, avoidance of responsibility, or the propensity to apologize constantly. Therapy was accordingly meant to lead the individual to break this maladaptive conditioning and reconnect with the healthy state of excitation they had supposedly experienced during childhood. To Salter, “Excitation [was] a matter of emotional freedom and [had] nothing to do with social participation” (p. 43).

Disinhibition was to be achieved through training in a behavioral style characterized by the free and honest expression of feelings, be they positive or negative. The techniques developed by Salter focused on the ways in which patients behaved with others rather than on their ways of thinking or feeling. They consisted in training to say what one feels spontaneously, which he called “feeling talk”, manifesting it physically (“facial talk”), using “I” deliberately and as often as possible and “contradict and attack” others on this subjective, non-normative basis: “‘Whenever you feel depressed’”, he claimed to tell patients, “‘you have forgotten to be nasty to someone.’ The human nervous system does not fight by the Marquis of Queensberry’s rules” (Salter, 1949, pp. 97-101).

In the 1950s and 1960s, the selective appropriation of Salter’s work by South African-born American psychiatrist Joseph Wolpe laid the foundations of assertiveness training within the emerging behavior therapy. Before emigrating to the United States and accepting a teaching position at the University of Virginia in 1960, Wolpe had completed his medical studies at the University of the Witwatersrand, Johannesburg, where he received an MD research degree in the Department of Psychiatry in 1948. He subsequently established a private practice in Johannesburg, and, working from his dissertation research on experimental neurosis in cats, developed a model of psychotherapy for anxiety and phobias that blended Pavlov’s and Clark Hull’s theories with the techniques outlined in Salter’s 1949 book and Edmund Jacobson’s progressive relaxation training. Wolpe and Salter eventually met in person in 1962 at a University of Virginia conference on “conditioning therapies”, both becoming founding members of the Association for Advancement of Behavior Therapy two years later (Poppen, 1995, pp. 5-15, 18, 28).

More impressed by Salter’s clinical material than by his theoretical work, Wolpe coined the phrase “assertive response” in the mid-1950s to refer to a behavior that resembled the one characterizing the “excited personality” in Salter’s work (Wolpe, 1954, p. 208). In his behavior therapy handbook Wolpe (1969) applied the term “assertive” “to the outward expression of practically all feelings other than anxiety”, including, initially, aggressiveness (p. 61). On the theoretical level, the former was understood in the terms of therapy by reciprocal inhibition, as a way to express and intensify responses that were antagonistic to anxiety. Specifically, Wolpe and his former student at the University of the Witwatersrand, clinical psychologist Arnold Lazarus (1966), with whom he had engaged in a long distance collaboration, developed assertiveness training as a treatment for “interpersonal anxiety” (p. 38). On the technical level, they used a behaviorist psychodrama of sorts, called “behavior rehearsal”, that consisted in simulating interpersonal situations during consultations, acting out and rehearsing the desired behavior (Wolpe, 1954, p. 209).

2.2. The academic and professional success of assertiveness training

In the 1960s, the literature on assertiveness training was limited to a handful of clinical case studies and reports. The situation changed radically in the 1970s. Assertiveness training increasingly drew the interest of US mental health professionals, starting with clinical psychologists and counselors. In 1974, *ASSERT. The Newsletter of Assertive Behavior*, a

professional bulletin of sorts, put out its first issue. The number of clinical studies, of experimental researches and handbooks on the subject increased considerably during that decade. A bibliographical review found that 892 journal articles and 664 doctoral dissertation on assertiveness were written between 1973 and 1983 (Ruben, 1985).

How can we explain the professional and academic success of assertiveness in the 1970s? Instead of claiming that it resonated with an American “Weltanschauung”, I propose to situate its rise within the more limited historical context of the ongoing transformations of US behavioral therapy and psychology. I suggest that it was by linking assertiveness training with broader theoretical and strategic evolutions in these fields, that the method’s proponents increased its appeal among practitioners and researchers.

During the 1970s, assertion trainers developed their procedures by borrowing from learning models and therapeutic strategies other than Wolpe’s, starting with clinical systems composed of behaviorist and cognitivist elements. This form of behavioral intervention became an early example of hybridization between reputedly competing approaches, a phenomenon that characterized the history of late twentieth-century psychotherapy far more than dogmatism (Marks, 2017; Amouroux et al., 2022). They have, for instance, drawn on New York psychologist Albert Ellis’ rational therapy (RT) that conceived of emotions as consequences of irrational belief systems. From an eclectic background in business, sex and family counseling, and psychoanalysis, Ellis had developed RT in the 1950s and 1960s as an allegedly more “scientific” alternative to traditional psychotherapies. As shown by media scholar Luke Stark (2017), it was successfully disseminated to practitioners through “workshops” given, for instance, at “the annual meeting of the American Psychological Association”, and to the public via Ellis’ “own books, worksheets and other media published by the Institute for Rational Living” (pp. 60, 67). Drawing from the popular RT and the new cognitive-behavior therapies, such as psychologist Donald Meichenbaum’s self-instructional training, assertion trainers included “irrational beliefs” and “faulty internal dialogs” into their models of human conduct, adding cognitive restructuring procedures to behavior rehearsal and further emphasizing structured homework assignments (Wolfe & Fodor, 1975; Lange & Jakubowski, 1976). Among the existing syntheses that tied cognitive and motivational processes to action and led to the idea of self-regulation, they were also inspired by the modeling research conducted by Canadian-born American psychologist Albert Bandura within the framework of social learning theory, which shifted the emphasis from “learning by direct experience” to “learning by observation” (Bandura, 1974, p. 863).

Proponents of assertiveness training were further influenced by the values of the humanistic reformist current of psychology that had developed in the 1960s around the theories of Abraham Maslow, Carl Rogers, and Rollo May. To its founders, the movement represented a “third force” in psychology, after behaviorism and psychoanalysis. As explained by historian Jessica Grogan (2008), these psychologists sought “to advance from within [their] profession” a holistic conception of the self, as well as “an idea of human nature as inherently oriented towards positive ends” (p. 3). Established as an association in 1962, the movement

went from the east coast to the west coast in the middle of the decade, relocating from “academic institutions” into “private research institutes and experientially-based growth centers” (p. 13). Assertion training advocates, especially those based in California, embraced the humanistic emphasis on self-fulfillment through the satisfaction of non-material needs, as well as the concern of interpersonal relationships exhibited by the related counter-cultural human potential movement. Anxiety reduction was no longer the main goal of assertiveness training. It became also about developing new social skills that would lead to mutually rewarding relationships and help individuals improve their self-esteem through self-knowledge and self-expression (Alberti & Emmons, 1974; Cotler & Guerra, 1976, p. 4; Kelley, 1979, p. 287).

Lastly, as shown by historian Karen Baistow (2001), these theoretical and practical innovations underpinned the making of a new “social project” of US psychology (p. 315), of which assertiveness training became a venue of choice. The tone was set by George A. Miller in his 1969 presidential address at the American Psychological Association. Trained in psychology in the 1940s, Miller had contributed to re-establish mental phenomena as a legitimate object of research, co-founding in 1960, in B. F. Skinner’s stronghold, the Harvard Center for Cognitive Studies. His address to the profession dealt with the shift away from behaviorist language as more than an epistemic issue, a social one pertaining to the role of scientific psychology in society (Ehrenberg, 2018, p. 111). To achieve a social and ideological impact that would match that of Freudian psychology, psychologists should change both their discourse and their posture. This involved no longer emphasizing the external control of behavior, a scientific objective that had threatening undertones for the public at large, being potentially associated “with an assumption that control should be exercised by an industrial or bureaucratic elite” (p. 1068). Instead of taking “the role of experts and try[ing] to apply psychology ourselves”, psychologists were called to “give it away to the people who really need it – and that includes everyone” (p. 1071). Their responsibility, in that sense, was to provide people with tools to help them “exercise self-direction and self-control in the service of objectives to which they are committed” (p. 1070). Miller’s call echoed both the diffusion of psychotherapies in the US middle class and a socially broader sense of defiance toward top-down and hierarchical power and authority (Ehrenberg, 2018, p. 107).

Using new cognitive-behavioral methods and imbued with humanist values, psychologists and counselors followed Miller to the letter. They extended the scope of assertiveness training beyond the treatment of neuroses into the treatment of psychoses, but also, from the mid-1970s, into the management of everyday life issues among the “healthy”. Community agencies and services, schools, companies and organizations gradually adopted assertiveness to provide social-skills training to an increasing range of non-psychiatric populations. It has, for instance, been adapted to rehabilitation programs for people with physical disabilities after hospitalization, or people with addictions to facilitate their transition from institutions to community living. Social and vocational guidance provided another channel of dissemination, especially to students and women, in connection with “job-readiness education”, career planning or development, as did continuing training for managers and other employees (Ruben, 1985, pp. 6-7). Assertion training gradually became a “therapy for the

normals” (R. Castel, 1981/2011, p. 112), which promised efficiency and self-fulfillment to all thanks to the development of relational skills.

2.3. New behavior and “new” woman for new circumstances

The scholarly and professional success of assertiveness in the United States was matched by its popular success, evidenced by the broad diffusion of self-help books during the 1970s. As the feminist psychologist Mary Crawford (1998) has pointed out, many of these “pop-psychology” products were specifically geared toward women consumers (p. 65). They bore titles such as *The new assertive woman* (Bloom et al., 1975/1980) or *How to be an assertive (not aggressive) woman in life, in love & on the job* (Baer, 1976). The first in the genre, *The assertive woman* by Stanlee Phelps and Nancy Austin (1976), was a true best- and long-seller, reissued thirteen times in less than a decade.

The mainstream and professional literature on assertion for women provides a window into the definition process of this notion, which developed alongside its expanded application rather than preceding it, and in particular its characterization as a behavioral style that was distinct from passivity (Crawford, 1995/1997, 1998). Pitting assertiveness training as an expert solution for the psychological challenges brought by women’s emancipation and more flexible gender roles, this literature more broadly reflects the way in which behavioral psychologists and therapists approached and tried to capitalize on contemporary cultural changes

To understand the foundation of assertiveness training for women, we need to consider what one might call the etiology of non-assertiveness. The first physiologically inspired model postulated the inhibition of assertive behaviors by a high, inadequate level of anxiety and unfounded fears. This was Wolpe’s model, a *frozen action* model. It presupposed, more or less tacitly, that the individual knew how to express their needs and desires, that the skills required for efficient communication were latent, but that the fear caused by the situation was obstacle to this expression (Moore, 1981, p. 405). The second model, developed by Lazarus in the early 1970s, was a *behavioral deficit model*. It attributed the absence of ostensibly assertive behaviors to a lack of skill: a person was unable to assert themselves because they had never acquired the verbal and non-verbal skills allowing them to do so. The third model, inspired by cognitivist approaches, emphasized the anticipation of the consequences of one’s actions (Linehan et al., 1979, pp. 372-373).

In the mainstream literature on assertion for women, the deficit model prevailed (Fodor, 1985, p. 258). It characterized women as lacking in communication skills as a result not so much of their “nature” as of differences in “gender socialization” (Crawford, 1997, pp. 50-51). As two practitioners put it: “[a]ssertive training is based on social learning theory which holds that early training rather than anatomy determines personality” (Osborn & Harris, 1975, p. 21). In this view, the adoption of attributes of the feminine by women—passivity, composure, submission, altruism, etc.—was “reinforced” by the people close to them since childhood, until non-assertiveness became a “way of life” that ended up being detrimental to many of them (Bloom et al., 1975/1980, p. 20).

To self-assess and undo this “conditioning” to femininity, these books included a range of tools, such as quizzes to determine one’s “assertiveness quotient” or “blocks to assertiveness” in a variety of situations often involving conflict: the man who you live with, and who like you works full-time, has not made dinner; recently divorced, you are struggling to get a credit card in your name; during a public meeting, a man opposes funding for the construction of a daycare center in your neighborhood, etc. (Phelps & Austin, 1976, pp. 4-18; Bloom et al., 1975/1980, pp. 28-30, 131-135). For each situation, examples of response patterns were given and classified into categories of behavior, sometimes personified by the fictional “Doris Doormat”, “Agatha Aggressive”, “Iris Indirect” and “April Assertive” (Phelps & Austin, 1976, p. 11), the latter serving as an ideal, median figure of the expression of needs and wants, as Crawford (1998) has pointed out (p. 66).

Assertiveness training for women exhibited an ambivalent relationship to the women’s liberation movement. On the one hand, some of its practitioners have painted it as a natural extension of this social struggle (Shoemaker & Satterfield, 1977, pp. 49-50 quoted in Crawford 1998, p. 78; Moore, 1981, p. 405; Goldstein-Fodor & Epstein, 1983, p. 138). The environmentalism inherited from the behaviorist tradition, its tendency to favor the acquired over the innate in the explanation of behavior, the disdain for psychoanalysis were all features of behavior therapy that effectively worked well with the refusal of the medical model and of the pathologization of women, the critique of Freudianism and of androcentric personality development theories, as well as the emphasis on socialization over biological sex in feminist theory. Additionally, there were formal echoes between the group practices favored in assertiveness training for women and consciousness-raising groups, which were one of the cornerstones of the most radical fringe of the US women’s movement. The latter groups were small, leaderless discussion and support groups that “emphasized introspection, emotional self-exposure, and the sharing of personal, experiential testimony”, as historian Ellen Hermann (1995) explained (p. 298). She added that they illustrated “the assimilation of the psychotherapeutic sensibility into feminism”, which coexisted with the critique of other aspects of psychology (p. 290; on this topic, see also Rutherford & Pettit, 2015). Assertiveness training was in return used as a feminist psychotherapy tool to provide “a resocialization experience to help women become aware of their interpersonal rights, alter negative beliefs, transcend stereo-typical gender roles, and influence their environments in a direct fashion”(Enns, 1993, p. 13). On the other hand, close reading of this literature suggests discontinuity between feminist practices and assertiveness training. Journalist and self-help writer Jean Baer (1976) formulated this in no uncertain terms: “Assertiveness Training (AT) goes far beyond consciousness-raising groups. It teaches you not merely how to realize and talk about your problems but how to *do* something about them.” (p. 18)

The rhetoric of the gap between new attitudes and motivations and entrenched behaviors was part of a broader discourse on the more far-reaching cultural resonances of assertiveness training. Its promoters effectively legitimated its dissemination in terms of its relevance for an American society that was experiencing sweeping changes. Alongside political and social movements for emancipation and rights, they considered that the cultural ferment

of the “Sixties” was eroding a social normativity based on obedience and role conformity. They felt that this pluralization of values and ideals, while met with resistance, resulted in greater tolerance toward nonconformist behaviors and lifestyles (Alberti & Emmons, 1974, pp. 4-7; Lange & Jakubowski, 1976, p. 1; Rakos, 1991, pp. 3-4).

This analysis echoed the contemporary critique of the alleged therapeutic turn of American culture. Philip Rieff and other intellectuals had sounded the alarm about the diffusion of derivatives of psychoanalysis in a society of abundance for the masses, which they associated with the loss of a sense of community (Aubry & Travis, 2015, p. 10). The “psychological man” theorized by Rieff (1966), for instance, was no longer receptive to the various inhibiting obligations and responsibilities required by “a culture organized in terms of communal purpose” (p. 9). He valued self-actualization and fulfillment over public and political affairs, thereby hindering the very possibility of a moral order and hastening the decline of Western civilization.

Psychologists and practitioners, for their part, took a less declinist view of their own historical moment and agency, depicting it as conducive to the autonomy of individuals and the development of more egalitarian relationships (in the private sphere). Most importantly, they emphasized the ambivalent consequences of the ongoing cultural changes, which they saw concurrently as sources of personal liberation, reinvention and psychological insecurity. For instance, for counselor Patricia Jakubowski-Spector (1973), one of the first to develop assertiveness training for women, the cultural call to fulfill one’s potential, the growing flexibility of gender roles and the rise of the women’s movement all had contributed to boosting the self-esteem and personal aspirations of many women, while raising their “awareness and concern about personal limitations” (p. 75). She argued that they were caught in a contradiction between a socialization that had taught them to be passive and “aspirations to be *strong* and *effective* as well as feminine” (p. 75). The new circumstances, this practitioner believed, called for new behaviors, the acquisition of skills to make women’s new aspirations a reality.

During the 1980s and 1990s, this initial optimism waned. Feminist psychologists in particular criticized the “ecological validity” of research on assertiveness, citing its abstract conceptualization of social behavior. Amy Herstein Gervasio and Crawford (1989) emphasized that the meaning of “assertive speech” hinged on its reception, and by extension, on the power and status differentials between speakers that inform everyday conversational interactions. Despite what assertiveness training promised, its consequences were not necessarily positive. Women’s efforts to change their behavior could result in social sanctions for stepping out of their sex role (Fodor, 1985, pp. 260-261; Gervasio & Crawford, 1989, pp. 18-20). Undermining behavior modification’s claims to offer empirically founded and validated interventions, these psychologists also showed that few studies had been specifically devised to establish, through direct laboratory or field observations, whether women behaved differently from men in the everyday interactions targeted by assertiveness training. They concluded that cultural assumptions on differences between men and women had suffused both the mainstream and

the academic literature on assertiveness training for women (Crawford, 1995/1997, pp. 58-61). Feminist psychologists not only reflexively argued that non-assertiveness had been conceptualized as “a socially conditioned feminine trait” because it had been associated with negative stereotypes of feminine behavior, beginning with passiveness (Goldstein-Fodor & Epstein, 1983, p. 138). They also symmetrically found that the instructions women were given to adopt an assertive conduct encoded “positive stereotypes of masculine behavior that support individualistic rather than interdependent norms of mental health”(Enns, 1993, p. 16).

The struggles related by practitioners echo these critiques. In 1976, clinical psychologist Pamela Butler noted that some women were reluctant to pursue training because they “expect[ed] assertion to lead to rejection or disapproval”, did not want to “sound like a bitch” and were subject to a “process of negative self-labeling” through which they “punishe[d] [their] own assertive behavior by pejoratively labeling it as impolite, bossy, parental or unfeminine” (Butler, 1976, p. 59). However, if one followed Butler’s analyses, these reactions illustrated a “self-discrimination” process underpinned by inadequate cognitive evaluations rather than a lucid assessment of the risks involved in subverting gender roles (Gervasio & Crawford, 1989). This perceived reluctance by clients may also have been one of the factors that led 1970s practitioners to distinguish assertiveness not only from passivity, but also from aggressiveness.

2.4. “Responsible assertiveness”

As previously mentioned, these two categories of behavior were not considered mutually exclusive. In the first edition of his behavior therapy handbook, Wolpe (1969) explained that “[a]ssertiveness usually involves more or less aggressive behavior”, and that “guilt about aggression” was an obstacle to the performance of assertive actions (pp. 61, 67). He provided examples of assertive addresses that were expressions of feelings he called “hostile”, such as “Will you kindly stop talking during the play/movie/music?”, “This is a line. Your place is at the back”, or “Your behavior disgusts me” (p. 66). Wolpe did make sure to mention that such assertive behavior was not appropriate in every situation: “For example, it is not often advisable for an employee to give his employer ‘a piece of his mind’”. To gain a form of control over the situation, however, he recommended resorting to subtler tactics. Inspired by the British humorist Stephen Potter’s series of books on “lifemanship”, Wolpe suggested using “statements that automatically put the recipient at a disadvantage, without revealing an aggressive intent on the part of the speaker”, like “Is anything wrong? You don’t seem to be quite your usual self today” (p. 70).

During the 1970s, Wolpe and other practitioners promoted a more well-meaning approach to self-expression, in an attempt to correct the image of assertiveness as a set of techniques to have one’s point of view prevail and goals met unscrupulously. They gradually defined assertiveness as a behavioral style that was distinct from aggressiveness, through which individuals defended their “own self-interest” without being “selfish”, in a manner that was “direct and firm” but also “respectful of the rights of others” (Alberti & Emmons, 1982, pp. 101, 19). As summarized by Wolpe (1973) in the second edition of his handbook: “[t]he quintessence of assertive behavior is to do towards others what is reasonable and right” (p.

89). In the process, these practitioners more broadly attempted to draw the line between legitimate and illegitimate interventions, “responsible” and irresponsible ones (Lange & Jakubowski, 1976), distancing themselves from workshops held by non-certified individuals and a number of mainstream books that were identified with assertiveness training, but accused of being manipulative, such as Manuel Smith’s (1975) *When I Say No I Feel Guilty*.

As professional and scientific attention had focused on conflict situations (Rakos, 1991, p. 14), this redefinition of assertiveness as distinct from aggressiveness was far from self-evident. To borrow a trivial example from Wolpe, when I tell the person sitting next to me in the theater to stop talking during the play, am I being assertive or aggressive? What criteria should be used to tell the difference?

This was all the more difficult as the definition of aggression itself was not subject to a consensus either, both when it came to its causes and characteristics. Psychoanalysts had debated the existence of an aggression instinct, whereas early learning theorists considered aggression as a drive-induced behavior triggered by unmet needs or desires. According to the frustration-aggression theory put forward by John Dollard and co-authors (1939), aggression was defined as “*an act whose goal-response is injury to an organism (or organism-surrogate)*” (p. 11). However, more recent studies had dismissed intentionality as a relevant variable for the identification of aggressive behavior. Yet others, like Bandura, had pointed out that the purpose of aggression was not only to injure, but also “to gain control over other people, to secure material resources, and to force changes in social practices that adversely affect one’s everyday life” (Bandura, 1973, p. 4).

What parameters were going to have to be selected to tell these two types of behavior apart? Should one stick to the behavior itself, the form it took, or consider the intention behind it (the will to dominate, humiliate, blame others), its effects, the sociocultural context and social relations informing its labeling? Psychologists debated this question throughout the 1970s, but never quite came to an agreement (Alberti, 1976; Cheek, 1976; Rakos, 1979; Hollandsworth, 1985). The idea underlying this opposition endured, however: assertion became identified as the socially acceptable expression of emotions, desires and opinions.

There is something of a paradox in the historical trajectory of assertiveness: social normativity, initially conceptualized as a source of psychological problems and of interpersonal inefficiency, as a hindrance to learning and performing assertive acts, was remobilized as a vague, all-encompassing reference to define and delineate a behavior. This “ethical” redefinition of assertiveness contained its emancipatory potential and leveled its conflictual connotations. Rather than making “a proposal for political, economic, or social revolution”, responsible assertiveness trainers were “concerned with power on a much more personal level” (Alberti & Emmons, 1982, p. 2). As applied to women, assertiveness training accordingly was “promoted as a method for putting clients in charge of their own change”, enhancing their self-esteem and self-expression skills (Enns, 1993, p. 13). It implemented a rather restricted understanding of power and empowerment as an individual attitude or aptitude (Becker, 2005, p. 156), which has been further diluted by the redefinition of assertiveness as distinct from

aggressiveness, in response to criticisms of assertive living as pushy, self-serving and manipulative, and presumably also to clients' fears of being sanctioned for transgressing their social role. The advent of "responsible" assertiveness training has likely facilitated its dissemination in a growing number of social fields, especially in the workplace, by dismissing the suspicion that it "will turn nice people into rebels, complainers, or constant irritants" (Hulbert and Hulbert 1982, p. 23). At any rate, the emphasis on individual responsibility, personal rather than structural change, and composed communication for meeting different needs has been congenial to the spread of new behavioral prescriptions in companies and organizations, as will be discussed in the case of France.

3. The introduction of assertiveness training in France

3.1. "A letter from California"

This version of assertiveness as the "adequate expression of feelings" and needs was the one which was imported in France in the mid-1970s (Viala, 1976, p. 177). Its introduction into the mental health field was primarily the work of members of the French behavioral therapy movement, contributing to the diversification of its orientations.

In the early 1960s, the military psychiatrist Jacques Rognant was one of the first in France to try out behavioral therapies (Amouroux, 2017). The movement was structured with the creation of the Association Française de Thérapie Comportementale (AFTC) in 1971. Unlike in most other behavioral therapy associations, clinical psychologists, who in France were deeply influenced by psychoanalysis, were in the minority right away at the AFTC (Amouroux et al., 2022). The founding members included a majority of psychiatrists, including prominent academics like Daniel Widlöcher, who was also a psychoanalyst of repute, and Pierre Pichot. Although they had not practiced behavioral therapies, these psychiatry professors had supported their development. It was for instance at the Clinique des maladies mentales et de l'encéphale led by Pichot at the Hôpital Sainte-Anne in Paris, that Rognant and Mélinée Agathon, one of the few experimental psychologists to have been involved in the French movement, trained the first therapists in the early 1970s. They tended to follow the approach developed by Wolpe, initially focusing on the treatment of "simple phobias, exhibitionists and sexual dysfunctions" (Cottraux, 1990, p. 189). The younger members of the French movement, having furthered their training in the United States and England, broadened its models, targets and sites of intervention.

Huguette Viala's professional trajectory gives us a window into the introduction of assertiveness training into the French mental health field as well as its transposition to the world of work. The daughter of a civil servant at the Ministry of Finance and of a stay-at-home mother, Viala was a twentysomething when she began studying psychology and sociology in Nanterre University, around 1968. More than the May movement, her discovery of behavioral psychology at the time has had a decisive impact on her trajectory. Viala, who was not swayed by the psychoanalytical approach that dominated within the faculty of psychology, attended an experimental psychopharmacology class at Sainte-Anne. There she met the physician in

training Bernard Rivière, who was awarded a grant for study and research abroad from the French government in 1975. Heeding Agathon's advice, the two decided to go and train in behavior therapy together under the psychiatrist Robert Liberman at the clinical research unit in Camarillo, California, under the auspices of the UCLA Neuropsychiatric Institute (interview with B. Rivière and H. Viala, 11/03/2019).

An early interlocutor of the French behavior therapy movement, Liberman was then working on adjusting it to family therapy, psychiatric rehabilitation and community mental health care with a focus on group therapy practices (Liberman, 1970). From the work of Liberman, Lazarus and other behavioral therapists, Viala and Rivière (1976) gathered that the group served as a support for the learning of new behaviors by imitation—"the training of each person [serving as] a model for all" as well as a "potentiator of reinforcement through the encouragement and kind comments" it provided (p. 314). Assertiveness was an aspect of the group behavioral therapies developed by Liberman and was conceived in terms of "personal effectiveness", as the ability to establish effective and meaningful communication with others (Liberman et al., 1975).

"Assertiveness training" had in particular "become a cornerstone of treatment at the Oxnard Mental Health Center", an hour's drive from Los Angeles (Liberman, 1977a, p. 394). In that community mental health institution, which was geared toward short-term treatments, Viala co-led her first assertiveness training group for women. The participants, "aged 18 to 50", were all "functioning members of society", and had come for various reasons: they struggled with "a drug-addicted son, lack of contact with a distant and silent husband, exhausting frictions with an overbearing stepmother" (Viala & Rivière, 1976, p. 314). Assertiveness training aimed at filling "significant gaps in their emotional expression registers" (Liberman, 1977a, p. 394), to which their problems were attributed. Groups included four to ten participants; two team members acted as facilitators. This took two hours a week, for an average total of five sessions.

At the Oxnard center, assertiveness training involved a series of predetermined steps. The first step roughly consisted in defining assertiveness "in relation to politeness, passivity and aggressiveness" (Viala & Rivière, 1976, p. 314), identifying the problem to deal with and specifying the conditions in which it arose - "where, when, how, what and with whom" (Liberman, 1977a, p. 394). Once goals were set, the problem was simulated with group members. As scenes were played out repeatedly, the facilitator would point out aspects of behavior that needed to be altered, "one by one", such as facial expression, tone of voice or posture, as well as the "content of discourse". The goal was to gradually change the subject's expressive behaviors by introducing her to a "range of identification models" to be imitated and by reinforcing successive approximations (Viala & Rivière, 1976, p. 314). Each client was then given homework. She was asked to reproduce the behaviors learned during the session in everyday life situations, then to report on the successes she had achieved to the group at the beginning of the next session.

For these traveling practitioners, assertiveness training was not only a part of their behavioral psychiatry training; it also reflected a broader sense of cultural excitement

surrounding the new psychotherapies. In a “Letter from California” published in 1976 by the journal *Perspectives psychiatriques*, Viala reported that assertiveness training was both a clinical and popular trend, with a wide spectrum of indications, from “the institutionalized psychotic to the normal subject”, placing it at the intersection of “psychotherapy” and “re-education” (p. 177).

3.2. From the clinic to the work field

Upon returning to France in 1976, Viala and Rivière became active in the AFTC, where they disseminated assertiveness training, conceived as representative of an opening of behavioral therapy to cognitivist and humanistic approaches (Rivière, 1978, p. 18; Légeron, 1980, p. 10). They translated and wrote articles on the subject (Viala, 1976; Liberman, 1977b; Viala, 1979), and gave lectures to physicians, psychologists and other healthcare professionals within the training institute created by the AFTC in 1980. By 1981, a dozen members reported having skills in assertiveness training (“La liste des praticiens”, 1981). The method was regularly discussed in the scientific events, seminars and training sessions held by the association during the 1980s (Légeron, 1982, p. 5; Juenet, 1982, pp. 8-9; Neyrinck et al., 1983, p. 5-7). On the research front, Pichot supervised a psychology thesis defended by Fanny Muldman-Dorna in 1979, in which she developed a behavioral test for assertiveness to help therapists perform “rigorous” quantitative “evaluations of their practices” (p. 2).

Many of the applications considered by French behavioral therapists were of a medical nature, for the treatment of schizophrenia, obesity or alcoholism. However, assertiveness training was also conceived at an early stage by its behaviorist importers as a “non-therapeutic [...] intervention” (“Journées scientifiques de thérapie comportementale”, 1985, p. 21). Viala, who had been entrusted with a part-time clinical consultation in Widlöcher’s unit at the Pitié-Salpêtrière, also developed a practice as an independent trainer and consultant. She offered two types of training sessions to public institutions and companies: either with employees “upon the request of an employer or of a company’s leadership” to “change the state and behavior of the company”, or three- or five-day sessions included in the staff’s continuing training programs, “for which employees register[ed] on a voluntary basis, to learn to better assert themselves, communicate, develop their potential for presence and social skills” (« Ils vous aident à changer », 1983, p. 139).

The first training session of this kind that she led in the late 1970s took place at the Banque de France (interview with B. Rivière and H. Viala, 11/03/2019). Her other clients included the Centre National d’Art et de Culture Georges Pompidou, the Union de Crédit pour le Bâtiment and Biotherm, a company selling body care products, for which in 1984 she held an “assertiveness” seminar that was presented as based on her knowledge of the “new methods drawing on the research of American behaviorists” (« La nouvelle formation », 1984). Others followed suit. Drawing on an American experience in consulting and cognitive-behavioral references, Pierre Elkouby founded Ogives in 1980. Based in Paris, this private consultancy firm offered training sessions on “self-management” mainly for executives, on “time management” for mid-level staff such as secretaries, and on assertiveness for all. (Welger et al., 1980, pp.

144-148). Among the AFTC members, Viala introduced Patrick Légeron, who had trained with Liberman after her, in the work world. During his stay in the United States, Légeron had met colleagues from Northern California who, while being hospitalists, also intervened as consultants in companies on issues of human relations at work (Amouroux et al., 2022, p. 18). After his return to France, alongside his activities as a hospital psychiatrist, Légeron also started leading assertiveness training sessions in work settings, alone or with Viala, before founding his own consultancy firm in 1989, which he called Stimulus (interview with P. Légeron 02/04/2019). Much later, in 2008, he co-authored the first ministerial report on psychosocial risks in the workplace (Nass & Légeron, 2008).

Viala's work as a clinical psychologist cum occupational trainer was also reported upon in the mainstream media, especially in women's magazines. In addition to the already mentioned *Le Nouveau F*, Viala was featured in *Vital*, a magazine on health and well-being, *Femme pratique*, *Votre Beauté Votre Santé*, *Marie-Claire* (Dana, 1982, 1983; Elliott, 1979; Tarkiel, 1981; « Les super-cadres », 1982), but also in *L'Expansion* (Dussaut, 1981), a magazine intended for the new social group of "cadres" (Boltanski, 1982)¹. These often enthusiastic, sometimes partial press articles tended to conflate behavior therapies and behaviorism, and in doing so pit them against psychoanalysis. For instance, a 1983 *Vital* piece placed the former in the lineage of Claude Bernard's philosophy of experimental science that emphasized hypothesis testing. Behavior therapies were accordingly presented as "both empirical and pragmatic", an antidote to the "interpretative and would-be omniscient ravings of psychoanalysis" and to "the lack of rigor of seriousness of many of its practitioners". They worked on "current, concrete, quantifiable and measurable conducts" rather than on their hypothetical underlying causes. In addition to this purported extra degree of scientificity and by extension of efficacy, the argument was that behavior therapies were quicker and less expensive than psychoanalysis. Lastly, the opposition could also take an ethical dimension when the "behavioral approach" was defined "as a positive method for behavior change", offering a way out from dependence on the therapist "by endowing the subject himself with the tools and the strategy for his psychological and organic self-management" (« Ils vous aident à changer », 1983, pp. 126-127). In the same vein, the 22 August 1982 edition of the week-end supplement of the national newspaper *Le Monde* featured in the "Games" pages a test designed by Viala, entitled "Are you 'assertive'?", which introduced assertiveness as a "psychological school" whose techniques were "less traumatizing than those of psychoanalysis, and particularly well suited to some professional situations (retail or reception jobs for instance)" (p. xii).

3.3. New articulations between management and psychology

¹ In France, the term "cadre" encompasses a heterogeneous group of employees, "corresponding approximately to the grouping of professionals, [upper and lower-level] managers and executives" (Bouffartigue & Gadéa, 2000, p. 9).

Viala and Légeron's professional trajectories developed in the context of joint transformations in continuing professional training, of forms of organization and management of personnel, and of occupational psychology in France, which concurred in the emergence of a new vision of work in the 1970s, seen as a possible source of self-fulfillment rather than as alienation (Le Bianic, 2005, pp. 447-452).

This ideological transformation drew in particular on the evolution of the role and functions assigned to lifelong training. On 16 July 1971, a bill on "continuing vocational training within the framework of permanent education" was passed. Defended by Jacques Delors, who at the time was the face of an ostensibly progressive and modern socialist party, the law introduced an obligation for companies to contribute to the funding of the training of their employees, "in the form of a mandatory expense indexed on the payroll". It aimed at building a "new social compromise, between the need to create conditions for the modernization of the productive system in a context of strong growth, and the requirements of access to knowledge for all" (Merle & Lichtenberger, 2001, pp. 170-171). In this sense, as sociologist of work Scarlett Salman (2021) has argued, the law changed the orientation of continuing professional training, which was "no longer only about the adaptation of workers to their post, but also about their social promotion and personal development" (p. 46). It also encouraged the development of private service providers (training institutes, consultancy firms and independent consultants), who, in the spirit of the law, came to increasingly compete with the public institutions in charge of adult training (Merle & Lichtenberger, 2001, p. 171).

Against the backdrop of the economic crisis of the 1980s, these players contributed to the spread of new models of organization of labor and human resources methods, which entrenched and extended to all categories of employees "the principles of participation, delegation and accountability already found in the 1960s *management* models for supervisory staff", as shown by sociologist of work H  l  ne Stevens (2011, p. 67), as well as a communication ideal (Illouz, 2007, pp. 18-24). The 1970s and 1980s were a pivotal period in the transformation of public services as well, also raising expectations regarding agents' relational and other soft skills. The reforms undertaken in France to modernize administration have placed increasing importance on the recipients of public services, as well as aligned their "treatment with the rationale of market services" (Fijalkow, 2006, p. 15). Strengthened by the disappearance of public monopolies, this shift from "the user" to "the customer" manifested in the adaptation, personalization and specialization of the products on offer, as well as in policies for improving the quality of reception and the efficiency of service delivery (Jeannot, 1998).

Psychologically inspired interventions in the workplace and professional training sessions accompanied these changes. As reviewed by Salman (2021), these practices developed in France in the first half of the twentieth century following two main orientations: first, psychotechnics, an experimental and quantitative branch of psychology that saw the worker as the holder of operational skills that had to be assessed and selected using tests; second, a "psychology applied to business" (Ohayon, 1997), initially focused on employers and workers situated at the top of a business' hierarchy drawing on more "eclectic" references (pp. 33-36).

The latter became structured in the 1950s and 1960s with the importation of the ideas and methods of the human relations movement in the context of the Marshall Plan and the “productivity missions” dispatched to the United States during that period (Boltanski, 1981). Born in the wake of the 1929 economic crisis, this current of social psychology connected “job satisfaction” with “productivity” (Salman, 2021, p. 36). Its theoreticians emphasized the consideration of the workers’ “non-material desires” and analyzed their relationships with various groups (managers, technicians) from the angle of their emotions and motivations (Daval, s. d.). The principles and group methods of human relations were disseminated in France among trainers and Human Resources departments by psycho-sociologists, who pursued “academic careers and practitioners’ activities in parallel” in “their own training institutes” or in organizational consulting firms such as CEGOS (formerly the general commission for the scientific organization of work) (Salman, 2021, p. 37).

Facing the competition of these training institutes and private consultancy firms in the field of executive and manager training, the French tradition of psycho-sociology declined in the 1970s and 1980s, along with its approach emphasizing “action research” and “critical distance”. Businesses and companies now favored intervention models that were considered more “pragmatic” (Stevens, 2011, pp. 67-68). The focus on groups likewise declined, with a new stress on individualizing practices drawing on clinical psychology, humanistic psychology and the “new therapies” (Le Bianic, 2005, p. 446; Stevens, 2011, p. 74). Within this nebula of brief and pragmatic interventions, those directly stemming from the human potential movement, like bioenergetics, Gestalt therapy or transactional analysis, were introduced in France in parallel to the cognitive-behavioral therapies, expanding into the workplace from specific foci, such as the Centre de développement du potentiel humain, a private organism created in Paris in 1972 (Salman, 2021, p. 44).

3.4. Assertiveness as a tool to navigate “the negotiating company”

The transposition of assertiveness in companies and organizations contributed to the reconfiguration of the relations between psychology and the regulation of labor and work relations. Its American origins and roots in academic behavioral psychology, presented as guarantees of rigorous, brief, pragmatic, optimistic and non-intrusive interventions, may have appealed to trainers and their clients, as likely did its normative foundations and individualism. Indeed, while assertiveness training favored group interventions, like psychosociology, the individual and her or his ability to communicate were its targets. Group practices were intended to develop new behaviors suited to more flexible, less hierarchical models of organization of labor, rather than to extensively transform existing ones (Stevens, 2011, p. 69-70). “Self-actualization in the organization”, conceived as a “key for efficiency” was pursued (Chalvin, 1978, p. 16). In that sense, the humanistic concepts conveyed by assertiveness, as they implied “a form of duty toward oneself” (Salman, 2021, p. 45), resonated with the principles of individual responsibility and autonomy promoted by the new management doctrine. In this perspective, importers of assertiveness defended a model of the willing individual, who was able to influence his immediate environment, at odds with the supposed French “cultural

traditions” “favor[ing] the global analysis of external influences of which the individual cannot be held responsible” (Chalvin, 1980, p. 26). Likewise, its definition as a communication style situated halfway between passivity and aggressiveness was a perfect fit with increasing calls for participation and negotiation: to the managers, consultants and trainers promised the “peaceful exercise of authority” (Chalvin, 1980, p. 31); to the other employees to “develop their potential for presence and social ease” (“Ils vous aident à changer”, 1983, p. 139).

These resonances are illustrated by the first French training manual on assertiveness. Published in 1980 by ESF, it was geared toward the consultancy and lifelong training sector. Its author was Dominique Chalvin, another key actor in the dissemination of assertiveness training in the French work world. Chalvin had studied social psychology and occupational psychology at the Sorbonne in the 1950s and read the writings of the French sociologists of organization who gravitated around Michel Crozier, but he was above all “a man of action” (Crozier, 1978, p. vi). A former training manager for the tire manufacturer Kleber-Colombes, he was hired by CEGOS as a business consultant and trainer in the 1960s. He spent the remainder of his career there, first becoming head of its IPPSO department specializing in the problems of human relations, of communication and the development of organizations. As his group of consultants and trainers grew from about ten to almost fifty, he went on to create the Human Resources Training Division of the group (correspondance with M. J. Chalvin, 02/20/2023).

The director of CEGOS from 1950 to 1992, Octave Géliinier, had a keen interest in American approaches (Salman, 2021, p. 38), and Chalvin remembered having first heard about the untranslatable concept of “assertiveness” during a meeting with American bosses held as part of a training trip in the United States:

We were seated next to the people who were translating to make sure we understood everything. At one point [the translator] leaned toward me and said: ‘There’s this American word, I don’t have the French word: it’s assertiveness.’ I didn’t know it either. I said: ‘If we don’t have the word, in sociology we know full well that if the word isn’t there, then the behaviors aren’t there either.’ So I wrote down assertiveness, and that’s how I found out about [it] (interview with D. Chalvin, 02/04/2019).

Chalvin’s manual was fairly standard in its contents and in the exercises it featured, apart from the five introduction chapters on the definition of a self that would be compatible with assertiveness training, which included references to European philosophy, psychology and psychiatry (Maurice Merleau-Ponty, Ludwig Binswanger, Henri Ey). In terms of discourse, there was the notion that assertiveness training was as a method to resolve the tensions of modern life, transposed to the French context. In a previous book, Chalvin (1978) had diagnosed a “crisis of society” after 1968, which was also a “crisis of the firm” (pp. 2-4). He matched the anti-authoritarianism and growing demands of freedom and autonomy of the younger generations with a critique of anonymous, bureaucratic organizational forms that led to a “situation of ‘uncertain power’” (p. 10). At a time where “[e]ach individual [was] called to express himself, consult or participate” (Chalvin, 1980, p. 23), management was encouraged “not to balk at face-to-face, personalized contact, but at the same time to continue to assume its responsibilities of

authority” (Chalvin, 1978, p. 5). In his view, the legitimacy and efficiency of the power of management would now rest on a relational basis. There was, however a gap between the demands of what he had called “the negotiating company” and obliging habits and traditions: in a sense, the French “cadre”, like the middle-class American woman, suffered from a behavioral deficit. In his manual Chalvin claimed that the French cadre was reputedly inapt “at receiving and formulating criticisms”, at a time when the development of arrangements such as management controls and annual assessment interviews required every individual to “seek to achieve realistic compromises by negotiating disagreements” constructively (Chalvin, 1980, pp. 26-29). Overall, Chalvin presented assertiveness as a tool to teach executives and managers to become “honest strategists”—neither passive, nor aggressive or manipulative (Dussaut, 1981, p. 41), able to “make the difficult or unpopular decisions required by the situation” and “develop [...] a climate of innovation and healthy tolerance in the face of the normal disagreements arising from life at work” (Chalvin, 1980, p. 26).

How was assertiveness training perceived by its intended recipients in the workplace? I have found only a few scattered traces of its reception, disseminated in selected verbatims in press outlets for executives and in the accounts of its initiators in France. These meagre sources do however suggest that this form of intervention elicited different receptions in different categories of personnel. In an article for the magazine *l'Expansion*, a senior woman executive for the chemical industry firm Solvay presented its benefits as follows:

My boss thought I was too direct, but actually, I realized I was quite assertive! Yet, I’ve learned to better accept that conflicts can arise and to try and resolve them in a positive manner. Now I can feel when I’m headed in the wrong direction, and that’s positive. Even if my boss still thinks I’m aggressive! (Dussaut, 1981, p. 39).

Conversely, when Viala was hired by the training department at the “Centre Pompidou” to train the new hostesses to acquire adapted responses in situations involving the public—this included, for instance, reacting courteously when a visitor touched a painting—staff representatives initially opposed it, interpreting this behavioral training that involved repetition and correction as selection in disguise, as if it was a “test to see who was ‘good’ and who was ‘bad’” (interview with H. Viala, 04/08/2019).

4. Conclusion

In this article, I have retraced the transatlantic trajectory of assertiveness training from its emergence as a treatment of anxiety disorders in the United States in the 1950s to its importation in France in the mental health field and transfer into the world field in the late 1970s and early 1980s. I have first underlined the conceptual discontinuities that have characterized the extension of its scope to the everyday lives of healthy individuals. From Salter to Wolpe, and to Lange and Jakubowski, I have evidenced several changes in the predominant meaning given to assertiveness in the psychological literature. Between the 1950s and 1970s, it increasingly came to be defined as an acquired behavior and social skill, rather than as a personality trait, was associated with values of humanistic psychology, and addressed in the

terms of cognitive behavioral psychology and of social learning theory. In parallel, it came to be presented as a matter of “personal rights” in the context of the development of struggles for more social and political rights and recognition, and was opposed to both passivity and aggressiveness. I have interpreted these inflexions as examples of the historical links between the expansion of the scope of behavior therapies, the emancipation of American psychology from the social project and the methodological rigors of behaviorism, and of the ability of psychologists and psychotherapists to seize cultural opportunities. I have in particular shown that the dissemination of this form of behavioral intervention among the healthy was supported by an “ethical” redefinition of assertiveness laced with a meta-discourse on the constitution of the subject in post-1960s Western societies.

The spread of assertiveness training beyond therapeutics also illustrates the role played by psychology and psychotherapies in what sociologist Eva Illouz (2007) called a “new emotional style”, founded on a form of emotional rationalization of conducts (p. 16). The promotion of assertiveness training among middle-class American women and subsequently the personnel of French companies and organizations drew on a similar dynamic of recognition of the subjectivity and affectivity of individuals, who at the same time were expected to go through the changes needed to express themselves in rapidly changing cultural and social contexts. Using techniques inspired by behavioral and cognitivist approaches, they were taught to speak up for themselves and to manage difficult situations by self-assessing their response patterns, categorizing them as “passive”, “aggressive” or “assertive”, and by exerting control over a variety of verbal and behavioral parameters of communication. In that sense, assertiveness training can be read as an example of the process of reconfiguration and publicization of emotional life theorized by Illouz (2007, 2008).

The transatlantic trajectory of assertiveness reveals similarities but also differences in the dynamics and strengths of the psychologization process between different countries and social fields. In France, assertiveness training did not encounter the professional, academic and popular success that it had witnessed in the United States. In the French behavioral therapy movement, whose cognitive orientation crystallized during the 1990s, assertiveness training endured as a niche clinical intervention, used, for instance, to treat social anxiety in children and teenagers. It only elicited somewhat marginal academic studies, which can be explained by the initial dominance of practitioners of psychiatry in the French behavioral therapy movement and by its early struggles to take root within the French academic field of psychology, in which psychoanalysis had made a lasting mark. Nor, by the same token, has assertion training been an important contact point between psychotherapy and the women’s movement. In the 1970s, French feminist thoughts have rather confronted the culturally prevailing psychoanalysis, ranging from a rejection from materialist feminists, to a critical reassessment of Freud and Lacan within the “Psychanalyse et politique” group that sought to valorize a feminine specificity (Kraus 2008; Pavard et al. 2020, pp. 315-316). The latter’s differentialist position is echoed in the only mainstream book out of the dozen published in France between 1980 and 2000 that targeted women. Entitled *l’Affirmation de soi au féminin*, it coupled the premise of a sex and gender duality with an emphasis on individual responsibility and choice, stating that it was up

to individual women to learn how to make use of equal rights, negotiate multiple roles, and to find their role and place alongside men, rather than taking theirs (Fèvre & Schuler 1996). As to the field of continuing professional training, it is difficult to keep track of assertiveness training, in part because it has been integrated into packages of disparate techniques, typically with transactional analysis, without these always being called by their name, or situated within different schools of thought, characterized only by their common American origin (interview with a former agent of the training institute of a French public administration establishment, 02/05/2020). However, in 1990s France, amidst rising unemployment, group training practices for various categories of personnel declined with the rise of coaching as a new individualized service focused on managers (Salman, 2021). Ultimately, it was the public agenda setting of stress at work that provided a major outlet for consultant behavioral therapists, whose embrace was facilitated by the medical background of many of them, and hence their familiarity with physiology (Légeron, 2008, 2015; Buscatto et al., 2008; Salman, 2022).

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