



On My Mind

Purchase College Counseling Center Newsletter
www.purchase.edu/departments/counselingcenter

VOLUME 4, ISSUE 4

APRIL 2011

"But I don't want to be rude..." How to be assertive without being aggressive, by Marisa D. Mahler, M.A.

The relationship between being assertive and being aggressive is often misunderstood. Some may think it is "rude" or "aggressive" to stand up for their rights, while others may be verbally or physically aggressive and claim they were just "sticking up" for themselves. The online dictionary, Miriam-Webster.com, defines assertive as "disposed to or characterized by bold or confident statements and behavior."

They define aggression as "a forceful action or procedure (as an unprovoked attack) especially when intended to dominate or master." The former is a positive and resourceful characteristic, whereas the latter is an unhealthy, negative behavior.

In addition to the general confusion concerning these concepts, gender differences exist that may affect our per-

ceptions of assertiveness. For example, if a male and female engage in the same behavior a male is more likely to be viewed as assertive and confident, whereas a female may be perceived as aggressive or bitchy. Our attitudes towards being assertive may also depend on one's culture. For example, in individualistic societies such as America, being
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Help Wanted from Dr. Z...

Dear Dr. Z,

I'm frustrated because I keep trying to lose weight, and nothing seems to work. Every time I diet, I lose a few pounds, and then end up gaining more weight back. I hate how I look, and I want to be comfortable when it's time for me to wear my bathing suit this summer. What can I do to make sure that I'm eating the right amount so that I can shed the pounds?

Sincerely,

Dieting Debbie

Dear Dieting Debbie,

It seems that you want to lose weight because you are concerned about the way you appear rather than to be healthy. Restricting your calorie intake can actually cause you to gain weight instead of losing it¹, as well as impact your mood, quality of life, and health. You should therefore be sure to talk to your doctor if you have questions about getting the right types of nutrition and exercise. A good rule of thumb to know if you're eating the

"right" amount is to listen to your body – eat when you're hungry, and stop eating when you're full².

Unfortunately, just because a person is at a healthy weight doesn't mean that s/he feels good about her/his body. Before you decide that your appearance is what needs to change, take a moment to question why you feel pressured to be a certain shape or size. You may find that you're being influenced by messages from television, magazines, friends, and even parents about what weight is "right" for you, without taking the time to think critically about whether you agree with these messages.

Ask yourself why you don't like certain aspects of your appearance, and how you developed that preference. Instead of just focusing on the things that you want to change about your body, try taking some time to make note of what parts of your appearance you like. If you find that friends or family members are making unwelcome comments about your body, don't be afraid to let them know that it makes you uncomfortable and that

you'd like them to stop.

If you find that you are continuing to struggle with your body esteem and/or eating habits, come make an appointment to talk to somebody in the counseling center.

Sincerely,

Dr. Z

1. Interview with Rudolph Leibel in *Scientific American*, August 8, 1996

2. Susie Orbach, *Bodies* (Picador, New York, 2009)

off the mark.com by Mark Parisi



*Confidence comes
not from always
being right but
from not fearing
to be wrong.
~ Peter McIntyre*

How to be Assertive — Continued from page 1

assertive is valued and respected. However, in collective societies such as China and Japan, it is commonplace to prioritize the needs of the larger group and not assert and advocate for one's own needs. Assertiveness becomes particularly relevant within the college subculture. Many different situations arise requiring students to assert themselves ranging from adjusting to life with a roommate to asking a professor for an extension on a paper to involvement in intimate relationships. Sexual situations often call for assertive communication in order to maintain one's physical and mental well being.

Several studies have examined

sexually assertive behavior in a college population. Matsui, Kakuyama, Onglatco & Oguto (1995) examined women's perceptions of social-sexual behavior in Japanese female undergraduates and found that students with low self-esteem experienced sexual behavior to be more intimidating and threatening than women with high self-esteem.

Oftentimes, the old adage proves true that it is not *what* we say but *how* we say it. There are many ways to get our point across and assert ourselves without being aggressive. Below are a few responses to different situations which illustrate the distinction between an assertive and aggressive response.

Situation: Partner refuses to wear a condom

Aggressive: "Why do you always fight with me about it! You're so stubborn!"

Assertive: "When you insist that we don't use protection, it makes me feel hurt and ignored. I am not willing to put myself at risk for STD's and HIV and will not have sex without a condom."

Situation: Someone cuts ahead of you in line and you've been waiting a long time

Aggressive: "What the hell?! Get back to the end of the line!"

Assertive: "Excuse me. There is a line here, it starts over there."

(Contd. on page 3)

Myths and Facts About Sexually Transmitted Diseases, By Laura Bernstein, MA

1. You can only have an STD if you can see it or if you have physical symptoms.

Myth. Many STDs are asymptomatic - meaning they do not have obvious physical symptoms. For example, certain strands of human papillomavirus (HPV) can be present in the body for months or years before being detected.

2. If I know my partner I am not at risk for contracting an STD.

Myth. The only way to be sure that you will not contract an STD from a partner is to have yourself and your partner tested. People can be infected without realizing it due to the asymptomatic nature of some STDs.

3. People who have an STD have casual and promiscuous sex.

Myth. This could not be further from the truth. Engaging in a single unsafe sexual encounter is enough to contract an STD. In fact, STDs are quite common in the general population: 1 in 4 Americans will be diagnosed with an STD in their lifetime.

4. Condoms do not protect against all STDs.

Fact. Although condoms protect against STDs transmitted through bodily fluids (i.e. semen), they cannot protect against STDs that are transmitted through skin to skin contact (i.e. HPV & Herpes).

5. Once I have an STD I have it for life.

Myth. While some STDs require life-long management, other STDs are curable if detected early and treated properly. Regardless, safe sex is the best way to protect against becoming infected.

6. A diagnosis of HPV means that I have cervical cancer.

Myth. While there is still much to learn about HPV, medical professionals are confident in the fact that HPV does not always lead to cervical cancer. In fact, some strands of HPV, such as the strand that causes genital

cancer.

Resources:

For information, evaluation, and treatment of STD on campus contact the Student Health Services located in the basement of Campus Center South or call them at (914) 251-6385.

For a directory of free STD clinics in Westchester contact the Westchester County Department of Health's website or call them at (914) 813-5000.

From the Wellness Center, CCS 3rd Floor

Yoga, Meditation, Rejuvenation Stations and More... contact Regina Abdou at 251-6665

[April Wellness Events](#)

How to be Assertive — Continued from page 2

Situation: Dealing with a messy roommate

Aggressive: “You’re such a slob! Stop leaving your crap all over the floor. It’s my room too!”

Assertive: “I’d prefer that you put your things away rather than leave them scattered around the room. If you don’t have time to clean up, we can work on designating an area on your side of the room for you to keep your things.”

The manner in which you express yourself plays a key role in shaping your experiences. While engaging in assertive communication remember to stay calm, maintain eye contact, keep a relaxed stance, and pick an appropriate time to communicate your message. By asserting your thoughts and feelings in a clear, firm way, you can get your point across without compromising yourself. Whether it’s dealing with a professor, practicing safe-sex, or speaking to a customer service representative, honing your ability to be as-

sertive will serve you well. If you are unsure whether a statement is assertive or aggressive, run it by a friend who can provide you with an objective perspective. Although it can initially be difficult, remember that when it comes to communicating in an assertive manner, practice makes perfect!

What’s your sexual assertiveness IQ?

If you are curious about your level of sexual assertiveness and want to become more self-aware, here are several resources:

The Sexual Assertiveness Scale (SAS, Morokoff et al., 1997) which includes items such as “I begin sex with my partner if I want to,” “I give in and kiss if my partner pressures me, even if I already said no,” “I have sex without using a condom or latex barrier if my partner insists, even if I don’t want to.”

The Intimate Relationships Questionnaire (Yesmont, 1992) used to assess assertive, nonassertive and

aggressive sexual behavior.

Recommended Reading:

The Assertiveness Workbook: How to Express Your Ideas and Stand Up for Yourself at Work and in Relationships, by Randy J. Paterson, PH.D.

When I Say No, I Feel Guilty, by Manuel Smith

The Assertive Option: Your Rights & Responsibilities, by Patricia Jakubowski and Arthur J. Lange

Assert Yourself: How to Be Your Own Person, by Merna Dee Galassi

Assertiveness at Work: A Practical Guide to Handling Awkward Situations, by Ken Back

Morokoff, P.J., Quina, K., Harlow, L.L., Whitmire, L., Grimley, D.M., Gibson, P.R., & Burkholder, G.J. (1997). Sexual Assertiveness Scale (SAS) for women: development and validation. *Journal of Personality and Social Psychology*, 73(4), 790-804.

Noar, S.M., Morokoff, P.J. & Redding, C.A. (2002). Sexual assertiveness in heterosexually active men: A test of three samples. *AIDS Education and Prevention*, 14(4), 330-342.

Roberts, S.T. & Kennedy, B.L. (2006). Why are young college women not using condoms? Their perceived risk, drug use, and developmental vulnerability may provide important clues to sexual risk. *Archives of Psychiatric Nursing*, 20(1), 32-40.

Yesmont, G. (1992a, April). The development of the Intimate Relationship Questionnaire. Paper presented at the annual meeting of the Eastern Psychological Association, Boston.

Ongoing Groups

Social Anxiety Group Led by Marilyn Cooperman, Ph.D and Cheryl Feigenson, Ph.D. Weds 1:00-2:00, Counseling Center

Asperger’s Support Group Led by Lauren Greiner, Ph.D on Weds 1:00-2:00pm, Student Services Building, 2nd Floor Conference Rm.

Connections: Led by Donna Siegmann, RN on Weds 5:00-6:00pm, Wellness Living Rm CC South 3rd Floor. This group provides an opportunity for students managing a psychiatric disability to share their experiences and offer support, strength, and hope to each other.

Loving, Kindness, Mindfulness Meditation Group Led by Donna Siegmann, RN and Marilyn Cooperman, Ph.D on Mons from 2:00-3:00 pm CCS Wellness Center.

Sexual Assault Awareness Week

Monday April 18th— Friday
April 22nd

There will be several events throughout the week including Take Back The Night and a new event for male survivors. For a full schedule of events go to:

Planned Events