

the length of our lives—things like the quality of our lives, or what they stand for or achieve.

We may pursue ends that we value deeply even though their pursuit is not in our own long-term self-interest. When we do, David Luban argues in "Paternalism and the Legal Profession," it is unjustified for a lawyer to overrule our values, even if he does so only by appeal to our own interests. Interests, according to Luban, are such things as freedom, money, health, "those goods that enable the person to undertake the normal range of socially available actions." These things are good for us to have, in some sense, however much or little we care about them: "whether or not a person wants money or values freedom, in our society it is in the person's interest to have money and freedom." But values, unlike interests, are definitive of the person who holds them: "Values . . . are those reasons [for acting] with which the agent most closely identifies—those that form the core of his personality, that make him who he is."

Because of the special role that our values play in defining who we are, Luban argues, "to change a person's values by main force, or to override them, directly assaults the integrity of his or her personality." This means that a lawyer or judge must tread gingerly in any paternalistic intervention that addresses itself to the client's own values and goals. The lawyer in our opening example, for instance, has no business overruling her client's desire to expiate his guilt, for he values the expiation in a way that he does not value his liberty. The lawyer cannot decide that the client's "true" values must be in better accord with what the rest of us would choose to do in his situation; the client's true values are just *his* values, and the lawyer must respect them as such.

If it is impermissible to overrule someone's values in the name of that person's interests, even less justifiable is overruling someone's values in the name of someone else's interests. When workers are denied the right to make informed decisions about the risks that face them in the workplace, all too often what is at stake is the employer's competing interest in avoiding the added expense or inconvenience of reducing those risks or in making sure that the workers are not in a position to demand shared decision-making power in assessing risks. Such a clear willingness to use workers as a means to employer ends, on Gibson's view, is nothing more than a flagrant violation of workers' rights.

Conclusions

Control over one's own fate must be of central importance in any human life. For Gorovitz, medical procedures performed on patients without their informed consent constitute bodily assault; for Luban, legal procedures undertaken in defiance of a client's values constitute an assault on personal integrity; for Gibson, exposing workers to health and safety risks without their informed consent violates their rights to make decisions that affect the rest of their lives. Fulfilling rights may have costs, and these have their place in moral deliberation. But the costs of permitting assaults on an individual's body, integrity, and dignity as a person may be greater still.

Samuel Gorovitz's views are taken from Doctors' Dilemmas: Moral Conflict and Medical Care (New York: Macmillan, 1982); Mary Gibson's views are taken from Workers' Rights, forthcoming from Rowman and Littlefield; David Luban's views are taken from "Paternalism and the Legal Profession," Wisconsin Law Review 1981, no. 3: 455-93.

The Moral Foundations of Assertiveness Training

As the "me decade" spills over into the 80s, assertiveness training has come of age. Assertiveness manuals crowd the self-help shelves of chain bookstores; assertiveness courses, counseling, and workshops proliferate in adult education catalogs—all designed to teach and inspire trainees, primarily women, to "start living your own life NOW," without being anybody's doormat. This marriage of feminism and pop psychology proceeds with the dual objectives of proclaiming rights and debunking obligations. The centerpiece of most assertiveness theory is some "bill of rights"; one manual goes as far as reprinting the splendidly irrelevant "Universal Declaration of Human Rights," but most content themselves with rights to

"express feelings" and to make mistakes. As trainees learn to stand up for their rights, they learn as well to refuse false obligations without feeling guilty.

Obligations and rights are the stuff of moral theory, and a good deal of moral theory underlies assertiveness training. It is not, however, very good moral theory. It is not surprising that assertiveness counselors do not spout Kant and Mill; indeed, one is rather glad that they don't. But insofar as the moral theory of the assertiveness school is seriously confused, its proponents undermine their own aim of not only teaching but *legitimizing* assertive behavior. For assertive behavior may be more forcefully justified by moral considerations that its proponents ignore.

Saying No and Making It Stick

Your friend wants a ride to the airport after work, but you had planned to go to the weight room instead. The *non-assertive* person mutters to her friend that she guesses she can change her plans, hoping that he'll note her lack of enthusiasm and withdraw the request. She ends up driving him, fuming all the way. The *aggressive* person snarls, "No way! Don't you ever stop to think that maybe other people have better things to do than chauffeur you all over town?" The *assertive* person, maintaining direct eye contact and upright, self-confident posture, says pleasantly but firmly, "I realize how hard it is to find a ride to the airport, but I've already made other plans, and so I won't be available to drive you."

Such scenarios fill many chapters of assertiveness manuals, as the non-assertive, aggressive, and assertive models deal with pushy salespeople, noisy neighbors, and intrusive in-laws. The assertive course of behavior in most cases is immediately obvious, clearly the most sane and sensible strategy to follow. But realizing the best course and pursuing it are two different things, and assertiveness training provides techniques that enable trainees to assert themselves even in the face of considerable pressure. These techniques include an initial acknowledgment of the other person's point of view ("I realize how hard it is to find a ride to the airport. . .") and "broken record" repetitions of the refusal ("I'm sorry, Harry, but I'm NOT DRIVING YOU!") More important, assertiveness training works to convince trainees that it is "their perfect right" to assert themselves; the trainee has no obligation to drive her friend to the airport and any number of rights not to. Clutching the assertive bill of rights in her hand, the trainee can refuse the request without guilt; she can feel morally confident in letting herself do what she wants to do.

Assertive Rights

The bills of rights presented by assertiveness theorists, however, are a very mixed bag of genuine and spurious rights, insofar as it makes philosophical sense to call them "rights" at all. Rights are usually taken to correspond to obligations of action or forbearance on the part of someone other than the right-holder, but assertive rights do not entail any such corresponding obligations. Each person is responsible for looking out for his own assertive rights, not for the other guy's. (I have a right to assert myself; you have a right to assert yourself; and may the most assertive one win.) When assertiveness counselors state, "You have the right to change your mind," they mean only that it would not be *wrong* for you to change your mind. Thus when they say, as they all do, "You have the right to say no without feeling guilty," the latter clause is essentially redundant, for an assertive right to say no just means that guilt for saying no is inappropriate.

Are all assertive rights truly rights even in this sense?

The lists range from "the right to have and express your own feelings and opinions" and "the right to change your mind" to "the right to judge if you are responsible for finding solutions to other people's problems" and "the right to offer no reasons or excuses for justifying your behavior." Recognizing that no rights are absolute or unqualified, the first two of these rights seem uncontroversial enough. But the second two purported rights seem flatly unacceptable. Is world hunger someone else's problem that you are free to disclaim responsibility for solving? If a child tumbles into a shallow pool, is his danger of drowning his problem or yours? And clearly we cannot disavow obligations to explain or justify behavior that adversely affects other people. Our reasons for acting often make all the difference in morally assessing what we do, and no purported assertive right can license us in withholding them.

Even genuine assertive rights need to be qualified and hedged about in various ways, but assertiveness manuals provide only scant consideration of the grounds on which such rights may be curtailed or overridden. Some manuals point to prudential reasons for deciding on certain occasions not to exercise assertiveness, when assertiveness may be counterproductive. (Don't tell the armed burglar, "I understand that times are tough all over and I'm sure you need the money, but I'm NOT GOING TO GIVE IT TO YOU.") Assertiveness is doomed as well in confrontations with *pathologically* non-assertive persons (though trainees are reminded that such individuals are extremely rare). In these cases, trainees may choose to be non-assertive (itself, on some accounts, an assertive right).

Other manuals permit assertive rights to be qualified by moral as well as pragmatic considerations. These usually take the form of the tired proviso that rights may be exercised so long as nobody else gets hurt: "each person has the right to be and express her/himself, and to feel good (not guilty) about doing so, as long as she/he does not hurt others in the pro-

Drawing by C. Barsotti; © 1982
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"Damn it, Cruikshank, just say what you have to say in plain English."

cess." (*Stand Up, Speak Out, Talk Back!*) But this is not a helpful guide to action, for most assertive acts *do* hurt someone else, even quite painfully ("I understand how hard it must have been for you to call me, John, but I don't want to go out with you.") In some cases, the other person's hurt provides no reason not to assert oneself; in others, the hurt overrides whatever right one might otherwise have had. But morally based criteria for sorting out these cases are just what assertiveness training does *not* provide.

Some assertiveness experts go as far as dismissing the possibility of moral criteria altogether. Manual J. Smith, in *When I Say No, I Feel Guilty*, claims that "systems of right and wrong are used to psychologically manipulate people's feelings and behavior.... There is no absolute 'right or wrong' moral way to behave. There are only the personal ways each of us chooses to behave." He recommends that trainees practice recasting any sentence containing "I should" into a sentence containing "I want." Smith in this way avoids wrestling with moral qualifications on his list of "prime human rights," but any moral cachet his rights might otherwise have had is absolutely undercut by such sweeping moral relativism. If morality has no binding force, then there are no moral obligations, but also no moral rights.

Other authors treat assertiveness theory as essentially a morally neutral technique for allowing the individual to make his own free choice about when and how to assert himself. Thus Robert E. Alberti and Michael L. Emmons explain their purpose in writing *Stand Up, Speak Out, Talk Back!*: "If an individual can act assertively under given conditions, but *chooses* not to, our purpose is accomplished. If he is *unable* to act assertively... his life will be governed by others and his mental health will suffer." Assertiveness training, on such a view, is like graduate school in nuclear engineering: it teaches you how to do things, but doesn't tell you what to do. Again, however, the assertiveness theorist cannot have it both ways. If assertiveness training teaches trainees not only *how* to stand up for themselves, but that it is *all right* to do so, it has to include some directions on when it is all right and when not, and why.



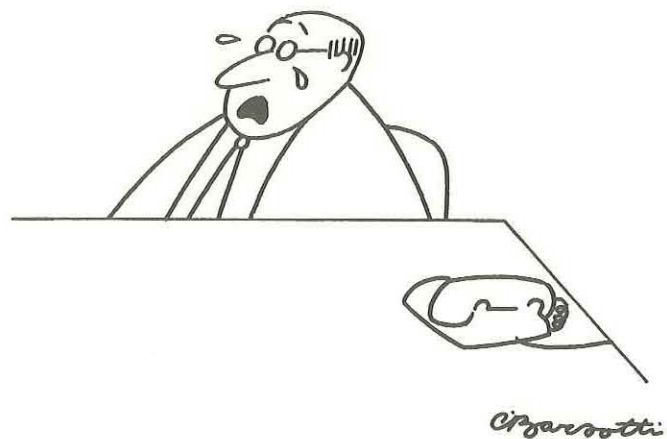
Assertive Obligations

Assertiveness theorists write much about rights, and little, if anything, about obligations, except to undermine their superstitious hold on the timid imagination: you do not have an obligation to visit your parents every weekend for the rest of your life, or to listen to a blaring stereo at three in the morning, or to buy a pair of shoes just so that the salesperson will not be disappointed. But just as there are specious rights and genuine rights, so there are specious obligations and genuine obligations.

If there are any obligations at all, there is an obligation to treat other people with respect for their fundamental dignity as persons, and this, as much as any bill of so-called rights, seems to be at the core of what is best about assertiveness training. For assertiveness training proceeds on the assumption that most other people are most of the time mature, rational, strong, and fair enough to hear you express your feelings and opinions, to accept your refusals, to entertain your requests. Assertiveness training takes this assumption as a basic *fact* about human nature. But it also serves as the ground for a basic *obligation*.

In *The New Assertive Woman*, Lynn Z. Bloom, Karen Coburn, and Joan Pearlman warn against the "irrational belief" that "people are so vulnerable that if we assert ourselves they will fall apart. Our own experiences contradict that. Nor is it rational to assume that our relationships with people are so fragile that they can't survive some ups and downs." We need not hold a double standard whereby we ourselves welcome constructive criticism and honest communication, but fear that other people will not be able to react maturely and sensitively to them. By and large, human beings are psychically pretty sturdy. The belief in their exaggerated fragility is just plain false.

It is also demeaning. Other people not only can handle the threat posed by honest communication; they deserve to be communicated with honestly. They deserve the opportunity to be treated as mature, self-reliant, giving, caring adults, who do not need paternalistic protection from the strains of human commitment. The non-assertive person who hides her feelings and mutters criticisms under her breath is refus-



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ing to take other people seriously, to recognize the possibility that they might turn out to be strong and sane and decent. Thus she affronts their dignity.

Far from debunking all obligations, then, assertiveness theory can be understood as reaffirming a centrally important one. The best of assertiveness training is not Smith's assertive right number 10: "You have the right to say, 'I don't care,' " but the obligation to care enough about other people to give them a chance to meet you halfway as adults. This turns

much of assertiveness theory on its head. But it also provides a firmer foundation to legitimate assertive behavior.

—Claudia Mills

The books cited in this article are When I Say No, I Feel Guilty, by Manuel J. Smith (Bantam Books, 1975); Stand Up, Speak Out, Talk Back!, by Robert E. Alberti and Michael L. Emmons (Pocket Books, 1975); and The New Assertive Woman, by Lynn Z. Bloom, Karen Coburn, and Joan Pearlman (Dell, 1975).

Responses

"A Proposal for National Health Care" (QQ, vol. 2, no. 3) is a valid attempt to balance two apparently contradictory concerns: 1) that a measure of health care be accessible to all citizens as a foundation for equal opportunity, and 2) that the cost associated with such a plan be weighed. As with other areas of public policy, a shadow often falls between what we ideally would like to do and what we can afford as a nation. With the daunting prospect of 10 percent of our GNP devoted to health care alone, even the most humanitarian policymakers should be inclined to proceed with caution.

Regarding the solution proposed, whose merits I recognize in theory, I want to take issue with two key components. First, I am not convinced that first dollar insurance coverage, whether through a voucher system or not, necessarily preserves work incentives. While it is reasonable (and humane) to protect a citizen's earnings from the ravages of catastrophic illness or accident, it is also true that some welfare recipients refuse job offers, thereby maintaining their welfare status and resulting Medicaid eligibility. How would the proposal prevent this from occurring? As well, first dollar health coverage for the poor often does not instill a responsible use of limited health resources, particularly with regard to physician office and emergency room use. To counteract this problem, the state of Delaware recently has introduced several measures to contain Medicaid costs. A few are as follows: 1) requiring a one-dollar copayment on prescription drugs; 2) placing a limit on the number of physician visits per year; 3) reimbursing non-bona-fide emergency room visits at the average physician office visit rate. If access to services is unlimited under this proposal, wouldn't there be an immediate upsurge in demand and cost, as we experienced with the introduction of Medicaid and Medicare in 1965?

Second, the authors indicate that "the motor of the system will be prepaid group practice." Although I applaud stimulating competition between health plans, I question the feasibility of Health Maintenance Organizations (HMOs) as the driving force behind this plan. As a former Director of HMO Planning, I am acutely aware of the political resistance by both physi-

cians and hospitals to HMO growth. Only physicians fresh from medical school and non-HMO hospitals with low occupancy rates are prime candidates for HMO contracts. Additionally, HMOs appear to do well only in urban areas where a relatively young, mobile, and professional population resides. The impact of HMOs in rural areas has been limited.

From the employer's standpoint, offering an HMO option is a blessing *if and only if* it reduces the company's monthly premium payments. Further, for those companies that are self-insured (e.g., pay medical bills from a fund on a claim by claim basis), offering an array of insurance policies may represent only an array of monthly premiums to be paid with attendant administrative costs.

While I support the competitive approach to national health insurance, and while I have no proposal to replace the thoughtful one presented by the authors, I question its practicality and, more importantly, its affordability. The marketing of HMOs traditionally to young and healthy middle class consumers makes low-cost Medicaid/Medicare voucher contracts unlikely. Only the threat of litigation accompanied by new federal or state regulations will bring contracts into fruition on a national scale. Moreover, the intense politics and geographic confinement which surround HMO development make pre-paid group practice a sputtering motor at best for national health care. This is particularly true at a time when federal support for HMO growth has all but dried up.

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"A Proposal for National Health Care" was condensed and adapted from "Ethics, Health Care, and the Enthoven Proposal," by Lawrence Stern, Louis F. Rossiter, and Gail R. Wilensky, which appeared in the Summer 1982 issue of Health Affairs.

QQ will occasionally print selected responses from our readers. Critical discussions of all articles are welcome.