Personal Empowerment

By: Jane E. Myers

Myers, J. E. (1993). Personal Empowerment. *Ageing International*.

Article:

Aging makes people particularly vulnerable to social breakdown and perceived or actual loss of personal power. While this process affects older people as a group it first affects individuals. Hence, individual approaches to empowerment are required if groups and societies are to benefit from the contributions of independent older individuals. The tendency toward psychological and emotional vulnerability that leads to social breakdown seems to be natural. It is, therefore, imperative that older persons as well as decision makers become aware of the possibility for prevention as well as remediation if people are to become and remain personally empowered during their later years.

Individual empowerment is a multidimensional, complex psychological process. It is best understood through consideration of underlying psychological factors that, when combined with societal changes in response to aging, can lead to a lack of empowerment in a previously independent individual. The interaction of societal and individual changes in later life sets the stage for a negative cycle of "disempowerment" and, simultaneously, reveals implications for reversal of this negative spiral toward "reempowerment."

Psychological Aspects of Empowerment in Later Life

Older persons, as a group, are perhaps the most heterogeneous segment of any given population. Psychologists and gerontologists have noted that some people age with a sense of satisfaction about their lives while others do not experience a sense of contentment or well-being. Research indicates that those who are most satisfied have a spouse and children, a social support network, adequate income, good physical health, adequate housing, access to transportation, and independence. Yet, even in the absence of these factors, many older individuals experience a sense of contentment. The mitigating factor seems to be attitude toward one's life circumstances. Three psychological processes that affect one's attitude, and are particularly relevant to empowerment, are self-concept, locus of control, and self-efficacy.

Self-concept refers to feelings of self-worth, or self-esteem. Locus of control refers to how one evaluates personal responsibility for events. Persons with an internal locus of control perceive events as being subject to their own, internal control. Persons with an external locus of control perceive events as being due to circumstances over which they have no control. Self-efficacy, first proposed by Albert Bandura in 1977 as a theory of behavior change, refers to a belief that one is in control of one's life, or has power over one's life.[1] While perceptions of one's self-worth, locus of control, and self-efficacy tend to be enduring or stable psychological traits, the circumstances of later life can cause older persons to "learn" a new sense of self. Unfortunately, this new sense of self is often less positive than what was felt or experienced earlier in life. The phenomenon of social breakdown provides a helpful framework for understanding how this occurs.

Social Breakdown: Aging and the Loss of Power

As persons grow older, they face a variety of life circumstances and needs which require adaptation and, often, change. Most older persons are able to cope effectively with the concomitants of aging, such as retirement, reduced income, loss of social status, and loss of physical strength. However, even among the healthiest and most independent individuals, coping strategies that were successful in maintaining independence earlier in life may be unsuccessful in meeting the demands of later life. For example, consider a woman in her 40s who

experiences difficulty in reading. She learns that visiting an ophthalmologist and purchasing glasses corrects the problem. For the next 30-plus years, she regularly repeats the same sequence of events. Each visit to her physician results in a new prescription and the ability to continue reading. At age 78, she is diagnosed with macular degeneration, a progressive eye disease that will not respond to changes in a lens. Rather than reading the pamphlet provided by her physician that explains the condition, she seeks additional examinations from various physicians, telling each one that her original doctor "ruined" her eyes with eyedrops so that now she has trouble seeing. She is sure that the "right" physician will prescribe the appropriate lens to correct her once adequate vision.

As this example shows, some disruption in healthy functioning may occur as the result of a dramatic change in an individual's life and may continue for some time before the individual develops effective new coping behaviors. Had the older woman in the example felt a greater sense of self-efficacy she would have been more likely to accept the fact that she would live the rest of her life with greatly impaired vision and developed appropriate responses such as learning more about the disease, finding support services and so on. As she had a low sense of self-efficacy, she deluded herself by believing her condition was all the doctor's fault and responded with anger over her failure to attain help from the medical community.

It is true, and all too common, that older persons with a high sense of self-efficacy can learn through experience that they are unable to control the circumstances of their lives as they did when they were younger. Industry and government policies concerning retirement, for example, force older individuals out of labor markets against their choice. Illness and death of a spouse occurs in spite of the best possible medical and health care. Personal disease and disability can result in a decreased quality of life and undesired lifestyle changes. Losses of family members and friends due to death, geographic moves, or other factors are examples of changes experienced by many older persons over which they have little or no control. Faced with such changes, individuals who previously felt a strong sense of control in their lives may begin to feel lowered self-esteem and a decreased sense of self-efficacy.

The process by which vital, active older persons experience negative adjustment in old age was described by 3. Kuypers and Vern Bengtson as "social breakdown".[2] Their 1973 description of this syndrome has become the most comprehensive theory written to describe the relationship between aging and the process of disempowerment, at least in Western societies. The theory defines the interaction between social inputs and self-concept that result in a self-perpetuating cycle of negative psychological functioning. This process includes four major stages.

Stage 1. The first stage in social breakdown is an existing precondition of susceptibility to psychological breakdown. The widespread negative attitudes toward older persons that exist in many societies contribute to this stage. Older persons are themselves part of the societies in which they live. They may hold negative views of other older individuals, and they are likely to, at some point, internalize these negative attitudes as descriptive of themselves. For many older people, the loss of social status that accompanies retirement may create doubts as to their real capabilities. Declining physical strength and health may create doubts as to an older person's ability to continue to live independently.

Stage 2. The second stage is initiated when someone or some group of persons begin to express doubt about an older person's capabilities or behaviors. For example, family, friends, or caregivers encourage an older person to relinquish some of their activities or hopes. An employer suggests retirement. A physician recommends stopping a favorite activity, such as hiking. As trusted others give messages that the older person is less capable, it becomes increasingly likely that he or she will begin to question his or her own capacities.

Stage 3. In the third stage, the older person is inducted into a role of sickness and dependence rather than health and independence. For younger persons, the sick role is usually temporary and sometimes desirable. It provides freedom from work tasks and time-out from dysfunctional relationships until the person is "well" again. For older persons, these secondary gains may not exist, and the role is most often not a temporary one. The older

person is expected to learn and accommodate to the sick role. As he or she does so, skills necessary for independent living may atrophy and disappear.

Stage 4. In the fourth stage of breakdown, the older person continues to experience an atrophy of independent behaviors, accompanied by increasing identification with the sick role. A new self-perception as inadequate or incapable of independent action develops. At this stage, self-efficacy is quite impaired. Low expectations of successful outcomes of independent behavior are common.

By the fourth stage, the cycle will begin to repeat, but with an important difference. The older person is now even more susceptible to the negative evaluations of others, even more vulnerable than previously due to the internalization of new roles and self-perceptions. The breakdown sequences continues as an increasingly negative, downward spiral. In the absence of interventions to slow or reverse the breakdown, it will eventually lead to incapacity and death.

Psychological Aspects of Breakdown

The vulnerability of older persons to social breakdown may be manifested in a variety of ways. A decreased sense of self-worth and self-efficacy will lead to decreased activity and perpetuate the negative cycle. The psychological factors which seem most related to continued breakdown, in addition to those already discussed are learned helplessness, depression, and discouragement. Each of these factors, singly and in combination, contributes to the breakdown cycle.

Learned Helplessness. When placed in situations where nothing they can do will change the outcomes of events, people learn that they are helpless. This is true when people believe, either rightly or wrongly, that they cannot affect their circumstances. The syndrome of helplessness includes a variety of behaviors, such as apathy, listlessness, lack of motivation, and depression. The older person placed involuntarily in an institution may learn to be helpless, to the point that even minor decisions, such as what to wear on a given day, cannot be made easily, or perhaps cannot be made at all.

Depression. Depression has affective, cognitive, and behavioral components. Affectively, the major symptom of depression is feelings of extreme sadness. Cognitively, low self-esteem and feelings of worthlessness are common. Beliefs about one's helplessness, hopelessness, and powerlessness may lead to thoughts of suicide. Behaviorally, depressed persons are lethargic, may be unable to laugh, and commonly withdraw from social situations. Severe depression is cyclical and self-perpetuating.

Discouragement. Discouraged persons do not believe they have a chance to win a battle, solve a problem, or move toward a solution. They lack confidence in their own abilities, perceive life as unfair, and are inclined to give up in the face of obstacles. They assume they are inadequate and are pessimistic about their capabilities and their future. They have a low sense of self-efficacy.

Persons who experience social breakdown may experience any, all, or a combination of the psychological factors described here. Regardless of the particular constellation of reactions there are common principles and techniques which may be implemented to impact the social breakdown cycle.

Reversing Social Breakdown

It is possible to stop, slow, or even reverse the negative spiral of social breakdown. The "social reconstruction syndrome," described by Kuypers and Bengtson as the means of dealing with breakdown, may be described as a model of empowerment.[2] In addition, strategies for life enhancement, such as wellness interventions, may alter the breakdown cycle in positive directions.

Social Reconstruction

Social reconstruction refers to the process of interrupting the social breakdown syndrome to increase the older person's competence through selective psychological, environmental, and social interventions. Such

interventions may occur at any point in the process. Interventions that occur early and are consistent offer the most promise for permanently affecting social breakdown.

Interrupting the first stage of social breakdown requires attention to social redefinitions of the worth and value of older individuals. Valued roles need to be cultivated. Kin-keeping, grandparenting, volunteering, community service, and consultation are examples of activities that can be meaningful if society in general values them. Retirement, though a normal phase of life, frequently results in devalued status. The challenge for societies is to develop roles for older persons in which they can achieve a sense of meaning and purpose, which are respected by others, and which offer an effective barrier against the current vulnerability that exists for many older people.

Many older persons are capable of living independently with only a little outside assistance. When families are unable to provide assistance such as preparing meals, housekeeping, and transportation, social services can be provided. When attention is given to modifying the environment, older persons often remain empowered to continue living in their homes.

Psychologically, older persons can be helped to develop attitudes and perceptions of self-efficacy and self-worth. Care providers can help them experience a sense of control in the management of their lives and can promote a view of older individuals as capable and self-determined, in spite of life circumstances that limit them in significant ways. Sometimes it may be necessary to structure an older person's environment to both permit and encourage them to make choices and decisions, such as what or when to eat or what leisure activities to pursue. Through deliberate encouragement, many older persons who are dependent can begin to live independent lives.

The negative cycle of social breakdown has a positive corollary. The cycle can be reversed, and it can become equally as self-perpetuating in a positive direction as it was in a negative direction. Of most importance from a societal perspective is the need to change pervasive negative attitudes toward older people. Within a given setting, the attitudes of decision makers and planners need to be examined. Rather than doing things to and for older persons, our goal must be to do things that allow people to be a part of the decision-making process concerning events in their own lives. Personal involvement fosters a sense of ownership concerning decisions as well as a sense of control. As they take part in decision making, older persons increasingly become empowered.

Empowerment Through Prevention and Wellness

Empowerment of older persons can be viewed from the perspective of prevention and life enhancement as well as remediation.[3] Rather than beginning interventions once societal prescriptions to disengage have been internalized, preventive approaches emphasize empowerment through optimum health and wellness. Empowerment from this perspective reflects a lifelong concern for helping people live healthy lives and choose healthy environments. Further, a lifespan perspective necessitates that individuals be aware of their physical and emotional development and functioning over the lifespan, and the ways in which choices made earlier in life will affect functioning as one grows older.

Wellness as an empowering philosophy refers to the need to be assertive in creating the life one desires, rather than merely reacting to life circumstances. It means being responsible for one's choices, and deliberately making choices that result in greater health and well-being. Because wellness increases the responsibility of individuals for self-care, wellness approaches empower individuals to become more self-sufficient and maintain healthier lifestyles. This is true at any point in the lifespan, and may be especially important for older persons. Wellness interventions may be discussed in discrete categories, however, in actuality they require holistic approaches that integrate physical, emotional, and spiritual functioning. These three aspects of functioning are interrelated, such that change in one area causes and contributes to changes in the others. These are positive changes that result in the whole being greater than the sum of its parts.

Physical wellness refers to helping people choose proper nutrition, physical activity, and health care that results in greater physical health and a greater sense of physical well being. Even when disease and disability are present, physical wellness is possible. In these circumstances, wellness means choosing and adhering to the most helpful treatment regimes.

Emotional wellness refers to feeling good about oneself. It incorporates a realistic assessment of one's capabilities and limitations and the ability to mobilize needed resources to meet personal needs. To promote emotional wellness, older persons need to engage in decision making and pursue choices that enhance or continue their sense of well-being, self-esteem, and self-efficacy. Intellectual stimulation, through activities and with others, education, or leisure pursuits may contribute to a sense of emotional well-being, as can satisfying interpersonal relationships.

Spiritual wellness refers to the need to seek a sense of meaning and purpose in life. Older persons commonly review their lives and consider their accomplishments and choices. To be spiritually well, they need to affirm their values and develop or enhance a sense of appreciation for the world around them.

As older persons make choices toward increased wellness, they will internalize a sense of personal responsibility and personal power. Persons who are empowered are less susceptible to the negative aspects of the aging process, particularly social breakdown. Of course, the relationship between aging, social breakdown, wellness, and empowerment is very much affected by culture.

Aging, Culture, Social Breakdown and Empowerment

Although the physical processes of aging are similar in different cultures, social definitions and psychological reactions to aging vary considerably. As a result, the social breakdown model, social reconstruction, and the nature of individual empowerment will, predictably, be viewed differently in each society. The model presented here accurately depicts the common experience of older persons in Western societies. As a result, Western care providers can use the tenets of social reconstruction to successfully empower older persons toward continued independent living.

This model may be quite ineffective in explaining or predicting adjustment to aging in societies where people are expected to lead a relatively passive life in old age, or where attitudes toward aging are positive ones of respect and veneration. For example, in Japan older persons are traditionally respected by virtue of their age. Thus, stage one in the breakdown model, a condition of susceptibility to breakdown existing because of negative societal views of older persons, may not be met. Taking on the "sick role," rather than being the third stage of a breakdown cycle, can have the positive result of care and attention from younger family members. Both mothers and fathers-in-law may find that illness results in abundant attention from their son's wife. The older person may become increasingly physically dependent, yet maintain the respect of younger family members. The circumstances of later life thus do not necessarily lead to social breakdown, nor is the older individual disempowered in the same sense as occurs in Western societies.

Another example may be drawn from Buddhist cultures, in which emotional detachment from life is viewed as desirable and a sign in later life of advancement to a higher state of functioning. From a Western social breakdown perspective, such detachment could be viewed as contributing to a negative cycle of disempowerment. From a prevention or wellness perspective, however, such detachment may be a sign of healthy spiritual functioning.

These examples show the need to consider individual empowerment in a cultural context. In some cultures, a disempowered state in later life is both "normal" and desirable. The lack of power can have many rewards, including societal respect and personal care from family members. Empowerment of older persons in such cultures, as defined in the context of social breakdown, could be viewed as counterproductive. On the other hand, empowerment from a wellness perspective is a viable concept across cultures. The wellness perspective allows for empowerment of older persons regardless of the culture in which they live. Attention to physical

health and well being, emotional contentment, and spirituality are important regardless of culture. Older persons who experience wellness in the sense described are able to meet the expectations of their culture, making decisions and choices that enhance their functioning and sense of well-being in later life. In short, wellness allows individuals to experience a sense of empowerment regardless of their life circumstances.

From the perspective of individual empowerment, a wellness philosophy may have greater cross-cultural applicability than the social breakdown model. However, in the absence of cross-cultural research on either wellness or social breakdown, both models remain viable in expanding our understanding of empowerment of individuals in later life.

References

[1] Bandura, A. Self-efficacy: Mechanism in human agency. *American Psychologist*, 37(2), pp. 122-147. 1982.
[2]Kuypers, J.A. and Bengtson, V.L. Competence and social breakdown: A social-psychological view of aging. *Human Development*, 16, pp. 37-49. 1973.
[3]Myers, J.E. *Empowerment for later life.* Ann Arbor, MI: ERIC/CAPS. 1991.