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Measuring Empowerment in Client-Run Self-Help Agencies

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ABSTRACT: "Empowerment" connotes a process of gaining control over one's life and influencing the organizational and societal structures in which one lives. This study defines and validates three measures: the Personal Empowerment Scale, the Organizational Empowerment Scale, and the Extra-Organizational Empowerment Scale.

Measurement efforts are based on observational work, baseline interviews (N = 310), and six month follow-ups (N = 241) in four client-run self-help agencies (SHAs) for persons with severe mental disabilities. All three study scales demonstrated strong internal consistency and stability. They were sensitive to user changes over time and have construct validity.¹

INTRODUCTION

"Empowerment" is a developing but inconsistently-defined concept. In general, it connotes a process by which individuals with lesser power gain control over their lives and influence the organizational and societal structures within which they live. A growing segment of research has focused on the meaning and process of empowerment among per-

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sons with mental disabilities, including participants in client-run self-help groups and programs (Rappaport, Reischl, & Zimmerman, 1992; Ware et al., 1992; Segal, Silverman, & Temkin, 1993). However this research generally has been hampered by the absence of consensus on how to define and measure empowerment. Here, we document our efforts to develop valid and reliable instrumentation. We take our definition of empowerment from the writings and practice theories of leaders in the self-help mental health movement as well as theoretical constructs in the field of community psychology, and test our instruments among members of client-run self-help agencies (SHAs), operated by and for persons with severe mental disabilities.

We first develop how empowerment is understood as a program philosophy in mental health client-run agencies. While discussing the program theory underlying these agencies' practices—that is, a plausible and sensible model of how these programs are intended to work (Bickman, 1987)—we also study it within the context of the general social sciences constructs within which it is embedded (Riggin, 1987).

THE MEANING OF EMPOWERMENT IN SELF-HELP AGENCIES

Power means the "ability to get what one wants, and the ability to influence others to feel, act, and/or behave in ways that further one's own interests," (Dodd and Gutierrez, 1990) and "the capacity to influence the forces which affect one's life space for one's own benefit" (Pinderhughes, 1983). Empowerment, then, is the process of gaining such power; in social work practice, it is a process through which clients obtain resources on multiple levels to enable them to gain greater control over their environment (Hasenfeld, 1987). For persons with severe mental disabilities, such a process may include gaining new resources or competencies such as the capacity to help others, group leadership skills, and organizational leadership abilities (Rappaport, Reischl, & Zimmerman, 1992).

Providers generally have adopted "empowerment" as a program principle in services geared towards meeting the needs of mentally disabled clients, including those who are homeless; this may include programs designed to foster increased social skills, greater client decision-making in program operations, and supportive peer interactions (Berman-Rossi & Cohen, 1988; Cohen, 1989; Mowbray, 1990; Susser, Goldfinger, &

White, 1990). However, self-helpers argue that empowerment in any context cannot be bestowed by those with greater power upon those with less; it must be initiated from the bottom up, by those who seek self-determination, a claim recognized by some people who are not self-help practitioners (Rappaport, 1985; Simon, 1990; Yeich & Levine, 1992; Pinderhughes, 1983; Gruber & Trickett, 1987).

Self-helpers maintain that their programs truly empower people because peer-based practice facilitates this grass-roots process (Chamberlin, 1990; Zinman, 1987; Segal, Silverman & Temkin, 1993). They regard empowerment as the principle underlying self-help goals, processes and outcomes. Zinman (1986, 1987) defines the essential characteristics of SHAs as (1) client control of all program aspects with autonomy from the mental health system; (2) voluntariness of all services; (3) sharing of power within a structure that seeks to minimize hierarchal relationships; and (4) emphasis on addressing the economic, cultural, and social needs of members. Empowerment through the organizational characteristics of SHAs is seen as having consequences at the individual and community levels as well, as members who learn to think of themselves as competent come to take on advocacy roles on policy boards and committees (Chamberlin, Rogers, & Sneed, 1989). Through participation in a SHA, members regain the self-esteem and self-confidence lost through stigmatization as persons defined as "mentally ill." (Chamberlin, 1978; Leete, 1988; Kaufmann, Freund, & Wilson, 1989).

Self-helpers, then, implicitly regard empowerment as related to the concepts of self-efficacy, self-esteem, and the sense that positive personal change can come about through one's own efforts. Although they are primarily concerned with improving their members' quality of life through providing material resources, social activities, and skills training, their program philosophies maintain that social inequities contribute to members' problems and must be changed through collective action. Thus, participation in the nexus of organizational and community activities, not mere receipt of services, is regarded as essential to the attainment of empowerment.

SOCIAL SCIENCE CONSTRUCTS OF EMPOWERMENT

The way self-helpers think of empowerment is congruent with much of the community psychology literature. Community psychology and some of the social science literature posits an ecological model of empower-

ment requiring multiple levels of analysis, and entails study of individuals as actors within their organizational and social environment (Pinderhughes, 1983; Rappaport, 1987; Wallerstein, 1992; Yeich and Levine, 1992). This literature then attempts to identify the underlying dimensions and correlates of empowerment at the individual level of analysis, while seeing individual empowerment as inextricably linked to civic or group participation.

Thus, for example, Zimmerman and Rappaport (1988), in a study of community residents working in voluntary organizations, linked participation in community organizations with a subjective sense of empowerment, as measured by 11 indices representing cognitive, personality, and motivational components. These components included, respectively, self-efficacy and political efficacy expectations; internal locus of control, chance control, belief in powerful others, and control ideology; and desire for control and civic duty. Greater participation in community activities was found to be associated with the hypothetical construct of psychological empowerment, defined as "the connection between a sense of personal competence, a desire for, and a willingness to take action in, the public domain."

Similarly, Zimmerman (1990), in a study involving college students and community residents, examined the possible empowering effects of participation in community organizations. Two competing structural models were tested to develop a theory of learned hopefulness, "the process whereby individuals learn and utilize skills that enable them to develop a sense of psychological empowerment." The model supporting learned hopefulness included a direct effect of participation in voluntary organizations on psychological empowerment; the other model did not include that link. The learned hopefulness model produced data with less error than the other model; the results suggested, although no causal link was established, that participating in community organizations had a direct and positive effect on psychological empowerment.

Empowerment within an organizational or societal context, then, is seen as fostering empowerment in one's personal life and as a citizen in the larger community. Here, we look at empowerment at the individual level of analysis, mindful that we not treat empowerment as merely a personality variable (Zimmerman, 1990), but as the intersection between individuals and the societal structures in which they participate. Our object is to measure member empowerment as an outcome promoted by SHAs.

METHOD FOR MEASURING EMPOWERMENT

Operations of four SHAs in the San Francisco Bay Area were observed for a twelve month period. Structured instruments were developed as specified below. A baseline and six month follow-up interview was conducted with longterm users of the four SHAs. We attempted to interview all staff and volunteers as well as a sample of other longterm users (i.e., defined by having a minimum of three months contact with the organizations and frequency of visits equal to or greater than twice a week). Of the 321 baseline interviews attempted, 310 were completed (96.8%). Follow-up statistics are based on an n of 248, 80% of study participants who were located and interviewed. No located participant refused an interview.

Dimensions of Empowerment in The Present Study

We wanted first to address the way empowerment may be manifested in the everyday lives of self-help agency participants. We chose, then, to treat self-efficacy, self-esteem, hope, and locus of control—all significant values for self-helpers—as probable correlates, rather than underlying dimensions, of empowerment. Utilizing Gutierrez's conception of empowerment as the ability to "produce and regulate" events in one's life, we operationalized the personal aspect of empowerment in terms of the amount of choice and reduction of uncertainty in day-to-day life.

The Personal Empowerment Scale questions were designed to be applicable to people with minimal material resources as well as those who were better off. Thus, items measure the amount of control the individual has over common life domains, including shelter, income, and service provisions, as well as the individual's ability to minimize the chance of unwanted occurrences such as personal danger or homelessness. These items were derived from 12 months of observations at the four SHAs. Questions were reviewed by self-helpers in a series of meetings at the Center for Self-Help Research, pretested with SHA members, and then revised and reviewed.

A second dimension of empowerment considers members' experiences as structured by the organization of helping agencies—that is, organizationally-derived empowerment. We drew on Levi-Strauss's definition of such power as an effect that increases the authority and responsibility of those in the organization. Perrow (1967) notes that the task structure of an organization consists of the two dimensions of control and coordination, with the former consisting of the discretion an individual possesses in carrying out tasks within the organization, and the power of the individual to mobilize scarce resources within the organization. Coordination, on the other hand, involves exercise of responsibilities. Questions included in the organizationally-derived empowerment measure were based on these conceptual considerations. The same self-helper review process was used in constructing the personal empowerment measure.

Finally, a third dimension of empowerment is the participation of SHA members in community efforts. Scale items look at respondents' involvement in political and other community activities outside the SHA.

To summarize, we assessed member empowerment along three dimensions that we have observed to be valued SHA outcomes, and that are reflected in the social science literature: 1) the extent to which individuals believe they have gained control over their own lives; 2) are involved in influencing organizational structures with which they come into contact; and 3) become participants in the political process and civic activities in the larger community. These dimensions, if adequately measured, should better enable us to assess the uniquely claimed contributions of SHAs to the mental health services system.

Measures Related to the Empowerment Construct

As noted, several concepts have been viewed by researchers as indicators of empowerment, as underlying dimensions of the same construct or closely related to it. These concepts include measures of self-esteem, locus of control, hope, and self-efficacy.

We used Rosenberg's Self Esteem Scale (Rosenberg, 1965). Previously reported test statistics for this measure showed an internal consistency of .88 (Fleming and Courtney, 1984). Discriminant validation is reported by Fleming and Courtney (1984) and convergent validation is reported at .72 (Savin-Williams and Jaquish, 1981).

Locus of control was measured with the Duttweiler Scale (1984). Duttweiler's Internal Control Index has alphas between .84 and .85. The language on the scale was modified to accommodate the needs of the study population.

The Hope Scale was used to capture the thinking of Zimmerman (1990) which views learned hopefulness as a component of the empowerment construct. Items were derived from the Beck Hopelessness Scale (Beck et al., 1974).

Self Efficacy is a concept presented in the work of Alfred Bandura (1977, 1982). His ideas require setting specific measurement. Following Bandura's framework, and with his consultation, we developed our own Self-Efficacy Scale. It is perhaps best described as a measure of self-confidence.

Outcome Measures Thought to be Enhanced by Empowerment

Five outcome measures were used in the study. The first three were whether the participant did paid work, volunteer work, and the total number of hours worked. The Quality of Life Scale, our fourth measure, is a 22 item instrument developed by our group to measure satisfaction with six life domains, i.e., living situation, decision-making, safety, finances, and social relationships. Its internal consistency is $\alpha = .93$; replicated on the same sample six months later, $\alpha = .92$. It has a stability coefficient at six months of $r = .60$.

The Independent Social Functioning Scale, our fourth measure, is a modified version of Segal and Aviram's (1978) External Social Integration Scale. It measures "the extent to which an individual participated in and made use of the community in a self-initiated manner and without the help of others" (Segal and Kotler, 1993). The scale includes a number of related dimensions: the amount of time spent in community-related activities; the ease with which the person engages in social contacts, uses community services or obtains basic resources; the amount of contact with family, friends and acquaintances; involvement in income-producing activities or educational activities that might lead to employment; and the amount of time spent in consumer activities. In the current sample, its internal consistency was $\alpha = .94$ at baseline and $\alpha = .95$ at follow-up, its stability coefficient was equal to .61.

SHA Study Sites

The SHAs involved in the present study provide mutual support groups, drop-in space, survival resources, and direct services, although they vary in the emphasis given to each of these program components. Direct services at these agencies include assistance in getting food; finding temporary shelter and permanent housing; financial benefits counseling and advocacy; job counseling; substance abuse counseling and groups; money management counseling and payeeship services; case management; peer counseling; and information and referral. All SHAs provide members with coffee, snacks, clothing, food vouchers, free phone use, and special-interest support groups. Three of

the SHAs are geared specifically to the needs of homeless people; one of these provides on-site lockers and shower facilities. All have paid staff and volunteers, but the agencies vary in the extent to which staff functions are differentiated and their volunteer programs are formalized. Most paid staff members, if not drawn from the ranks of program clients, have had similar life experiences of poverty, homelessness, and institutionalization. Volunteer jobs within the agencies are intended to provide members with opportunities to help others in material ways (serving food, distributing clothing, etc.), re-learn good work habits, and participate in organizational decision-making. Finally, staff, volunteers, and clients at all agencies are engaged in a variety of ad-hoc political and social change activities, including demonstrating to protest proposed cuts in welfare and mental health funding, testifying at city council hearings, gaining appointments to task forces and local commissions, and taking part in press conferences.

Statistical Methods

Two types of reliability were assessed: internal consistency and stability at six months. The former was evaluated using Cronbach's Alpha, the latter using the Pearson correlation coefficient. Construct validity and the relationship of the measures to desired outcomes were also assessed.

Construct validity was evaluated by testing for differences between average within cluster vs. average out of cluster correlation coefficients for a group of measures the literature reports as closely related to the empowerment concept, i.e., self-esteem, hope, self-efficacy and locus of control. The analysis was replicated on the six month follow-up sample.

The relationship between the three empowerment measures and potential outcomes was assessed using cluster analytic methods.

RESULTS

Reliability, Stability and Change

Table 1 shows the internal consistency taken at baseline and at six months, as well as the stability/change coefficients for each of the measures in the study. Most measures show very high levels of internal consistency in both time periods. Only the Extra-Organizational Empowerment and the Internal Locus of Control scales show more modest, although still acceptable, results. All reliability coefficients for the three empowerment measures were re-computed within education (less than high school versus high school and more), ethnicity (African-American versus Other), housing status (homeless versus others), type of mental disorder (dual diagnosis versus other), and severity of disorder groups (no severe BPRS symptoms versus any severe BPRS symptom). *No differences in measurement accuracy were found within groups.*

Our measures partially reflect dispositional states and partially reflect changing circumstances. Given that our sample varied widely

TABLE 1

**Internal Consistency and Stability Coefficients
for Empowerment Measures, Related Concepts,
and Functional Outcomes at Baseline and 6 Months**

	<i>Alpha</i>		<i>Stability Coefficient</i> (<i>N</i> = 248)
	<i>Baseline</i> (<i>N</i> = 310)	<i>6 Months</i> (<i>N</i> = 248)	
<i>Direct Empowerment Measures</i>			
Personal Empowerment	.84	.85	.49
Organizational Empowerment	.87	.90	.62
Extra-Organizational Empowerment	.73	.72	.61
<i>Related Empowerment Concepts</i>			
Self Esteem	.82	.83	.62
Hope	.83	.83	.61
Internal Locus of Control	.62	.69	.47
Self Efficacy	.89	.92	.61
<i>Functional Outcomes</i>			
Quality of Life	.93	.93	.60
Independent Social Functioning	.94	.95	.58

in their experiences of crises, upswings and downturns in their lives, we would expect that the stability of our measures—i.e., the test-retest reliabilities—would be moderate, in the .5 to .6 range. All measures had stability coefficients in the .48 to .69 range. The stability coefficients did not vary by agency. More importantly, the empowerment measures were sensitive to differential circumstances. We would expect that people whose lives were more volatile should have lower stability coefficients. We used one of the strongest indicators of volatility—loss of housing—and found that people who were housed at baseline but homeless at follow-up had a stability coefficient for the personal empowerment scale of .33, while those housed at both times had a coefficient of .74.

Construct Validity

Table 2 presents the results of the convergent discriminant validity analysis for the empowerment measures and related concepts at baseline and six months. We found two distinct constructs: the first included personal empowerment, locus of control, hope, and self-esteem; the second included organizational and extra-organizational empower-

TABLE 2

**Convergent/Discriminant Validity Analysis for
Empowerment Measures and Related Concepts
Taken at Baseline (N = 310) and Six Months (N = 248)***

	<i>Self-Efficacy</i>	<i>Self-Esteem</i>	<i>Hope</i>	<i>Locus of Control</i>	<i>Personal Emp.</i>	<i>Org. Emp.</i>	<i>Extra-Org. Emp.</i>
<i>Self-Efficacy</i>	–	.55	.42	.53	.28	.38	.31
<i>Self-Esteem</i>	.47	–	.56	.48	.46	.25	.25
<i>Hope</i>	.24	.48	–	.41	.33	.13	.13
<i>Locus of Control</i>	.52	.49	.33	–	.27	.24	.22
<i>Personal Empowerment</i>	.23	.41	.21	.21	–	.23	.17
<i>Org. Empowerment</i>	.38	.26	.15	.25	.19	–	.62
<i>Extra-Org. Empowerment</i>	.37	.22	.08	.22	.08	.66	–

*The correlations above the diagonal refer to baseline measures; below the diagonal to follow-up ones.

ment. Within cluster coefficients at baseline averaged .42; out of cluster coefficients averaged .21 (the difference is significant, $p < .01$). At six months a similar clustering obtains: within cluster coefficients average .36, out of cluster coefficients .17 (the difference is significant at $p < .01$). Of additional interest is that the concept of self-efficacy/self-confidence seems to bridge both the domains of personal and organizational empowerment. The findings on personal empowerment are consistent with those of Zimmerman and Rappaport’s (1988) work on “psychological empowerment.” While they developed no direct measure of psychological empowerment, embedded in their correlation matrix (see p. 732) is evidence of similar clustering of the concepts of locus of control and self-efficacy, which they call indicators of psychological empowerment.

Relations to Potential Outcomes

The relationship between the two sets of empowerment measures and indicators of functional outcomes are shown in Table 3. It would appear that the organizational and extra-organizational empowerment measures are more contingent on involvement in the work role, while personal empowerment is more related to general independent social

TABLE 3

**Empowerment Measures and Outcomes
in the SHA Population (N = 310)**

	<i>Pers. Emp.</i>	<i>Q of L</i>	<i>ISF</i>	<i>Paid Work</i>	<i>Vol. Work</i>	<i>Total Hours Worked</i>	<i>Org. Emp.</i>	<i>Extra- Org. Emp.</i>
<i>Personal Empowerment</i>	–	.74	.38	.13	.12	.18	.23	.17
<i>Quality of Life</i>		–	.49	.16	.12	.22	.20	.16
<i>Independent Social Functioning</i>			–	.12	.17	.24	.29	.18
<i>Paid Work</i>				–	.27	.58	.31	.24
<i>Vol Work</i>					–	.61	.44	.34
<i>Total Hours Worked</i>						–	.47	.42
<i>Organizational Empowerment</i>							–	.62
<i>Extra-Organizational Empowerment</i>								–

activity. The organizational and extra-organizational empowerment measures involve member participation in formal spheres, e.g., the self-help organization, and community political action. Work represents an additional formal sphere. The fact that these two scales are strongly inter-correlated with work reflects their epistemic links to the construct of formal role participation. The independent social functioning scale reflects the kinds of activities an individual does on his/her own to accomplish daily life tasks. The strong intercorrelation between independent social functioning, personal empowerment and quality of life measures validates a construct depicting the various aspects of such daily life task involvements.

CONCLUSION

The SHA claims empowerment as its central operating principle and key to successful member outcomes. It is not possible to adequately measure the effectiveness of the SHA claim without both reliable and valid measurement. Our success in measuring empowerment in SHAs lays a solid foundation for such evaluative efforts.

Point 1: Empowerment is a complex construct. We have adequately measured two components of this construct: personal and organizationally/extra-organizationally derived empowerment.

Point 2: The dimensions of empowerment are related to different functional outcome domains. Quality of life and independent social functioning are most likely to be related to personal empowerment, while organizational and extra-organizational empowerment are more related to involvement in work, both paid and volunteer.

Point 3: Self-efficacy proves to be the bridging construct between the two dimensions of empowerment. This may be because the construct measures the individual's confidence in his or her ability to be efficacious in common life activities and in political actions. The two dimensions of empowerment look at the control the individual has over his or her material situation and his or her experiences in exercising control and influence within and outside of the self-help organization. Both appear to contribute to greater self-confidence in the ability to exercise further such control and influence.

As we have discussed, the self-help movement posits its own model of how personal and organizationally derived empowerment work together over time in improving members' subjective sense of self and objective quality of life. Our next task is to test their claims—to see over time how empowerment contributes to the lives of SHA members.

In addition to their usefulness in SHAs, the empowerment instruments have significant implications for other mental health services for persons with severe mental disabilities. The significance of empowerment as a program principle and client outcome has gained recognition in a variety of community-based mental health agencies (Berman-Rossi & Cohen, 1989; Cohen, 1989; McCarthy & Nelson, 1991; Runyan & Faria, 1992; Rosenfield & Neese-Todd, 1993). In particular, its underlying dimensions reflect the practice principles of client self-determination, client participation in agency management, resource and skills development, and environmental change that inform psychosocial rehabilitation programs (Anthony, Cohen, & Farkas, 1982; Cnaan et al., 1988, 1990; Cohen, Anthony, & Farkas, 1991). The empowerment instruments provide in their item content a measure of the personal self-determination that consumers (and clients of community mental health organizations) may achieve and the organizational and community activities in which they may become involved. Further, the reliability of the measure with groups traditionally underserved in community-based settings—African-Americans, the homeless, and those with concurrent alcohol and other drug problems—enhances their value.

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