Editorial

Empowering self-esteem

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In the movie 'Going in style' (*Figure 1*), senior citizens Joe, Al and Willie, living on social security checks, decide to get back their dignity when Joe concocts a bank robbery. When Willie asks: What if we get shot? - Joe answers: What's the difference? After the surprisingly successful robbery the men find themselves amazed at their new and elevated status, of people who all of a sudden matter in society.

Certainly it would not be desirable if older citizens chose this line of pursuit as a means of increasing their participation and recognition in society, but many seniors feel themselves in some way deprived of the value and esteem they once had[1]. For many students starting their research projects on aging it is somewhat disconcerting to discover that the older participants often consider the experimental tasks childish and as lowering their dignity. In contrast, younger participants will as a rule happily carry out any experimental task, while it is frequently difficult to engage older participants, and even harder to retain them.

In studies on Internet use by older people in retirement homes[2] it is regularly found that there are a few active users, as well as a group of people who think of using Internet, but shy away from the perceived effort, and a large group of
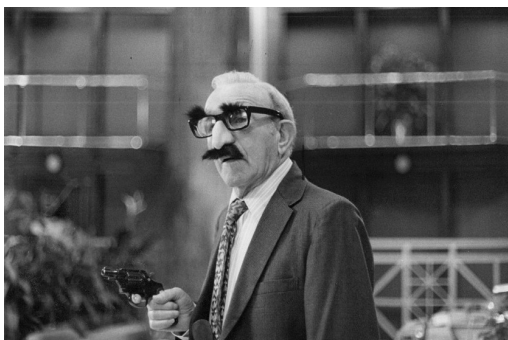

Figure 1. Joe (George Burns) raising his self-respect in a bank robbery in the movie 'Going in style' of 1979; reproduced by courtesy of Warner Bros Inc

refusers. The latter group actively resists having anything to do with a computer, and in one case even lobbied successfully among other fellow tenants not to participate in the study. Reasons for refusal are not only the total lack of perceived benefit, but mostly feelings of inadequacy – a realization that using a computer would be definitely unattainable. The inadequacy comprises three groups of arguments: never having learned anything about computers, a matter of education. Next, using a computer is seen as too complicated, and finally, it is thought that it would be far too much effort to learn.

According to the literature there are two important concepts involved in this low self-esteem. The first is locus of control[3]. External locus of control involves the notion that external factors are determining your life; an internal locus of control means that you can set your own goals and attain them by your own actions. Both are varying with age. External locus of control is highest at birth, but drops steeply and reaches a low plateau at about 20 years of age, which may continue up to the mid seventies but then shows very wide variability. Internal locus of control starts of course at zero, but gradually climbs to a maximum in the mid sixties, and then also drops, again showing large variability. Of course high external control drives down internal control that in turn leads to low self-esteem. Also the variability should be recognizable. Quite some countries and organizations have old, to very old leaders that still rule with an iron fist claiming to be the only one capable of running the country or the organization and promote their esteem as an issue of public policy.

The other concept, combining more or less the two types of control, is self-efficacy proposed by Albert Bandura[4]. Self-efficacy determines whether coping behaviour will be initiated and how long it will be sustained in the face of obstacles and aversive experiences. Self-efficacy is related to a surprising number of positive effects in many phenomena in aging. In fall-related incidents it

has been found to improve balance and mobility, reduce fear of falling, lead to more involvement in social activities, and reduce stress. In coronary bypass recovery self-efficacy promotes walking, climbing stairs and engaging in general activities. After a stroke self-efficacy is a powerful predictor of ADL performance. It will lead to lower stress and improved mental health in chronic illness cases. And so the list could go on.

Now, self-efficacy is not exactly the same as self-esteem. It is the perception of one's own ability to reach a goal, while self-esteem is the sense of self-worth, and so a vaguer concept, but still strongly related. The concept of self-esteem is also much older[5]; but there are no generally accepted measurement methods for it, and it is mostly restricted to a psychotherapeutic context. On the other hand, self-efficacy is the only predictor known to be amenable to intervention, which is why self-efficacy enhancing support should be promoted[6].

Interestingly, self-efficacy can be experimentally manipulated[4]. It can be heightened through progressive mastery of a task by breaking down difficult steps into small steps that are relatively easy, while the experience of repeated failure should be avoided. Feedback must be given about specific and concrete actions, not statements of consequences of actions. Role modeling is successful as well, certainly if models are liked and have similar age, ethnicity, gender, and are successful in the task.

Positive feedback will increase self-efficacy, but negative feedback will push it down much more strongly[1]. It stands to reason that negative feedback will lower your self-esteem, but the phenomenon that it will be far more powerful than positive feedback in lifting it up is a serious concern. There do not seem to be quick and easy methods to increase self-efficacy – with self-esteem in its wake. Fortunately there are many successful and effective ways, but all of them require intervention, therapy and exercises during 20–40 weeks[6]. More refractory cases have to rely on cognitive behavioral therapy[7,8], or even mindfulness training[9]. The good message is that it is well possible to improve self-efficacy, but the fact that not all recommendations are intuitive, and that prolonged treatment is necessary indicates that serious attention should be given to effective and structured therapy practice in this field.

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