

Leisure, Perceptions of Control, and Well-Being: Implications for the Institutionalized Elderly

Keith S. Savell, Department of Recreation and Leisure Studies, San Jose State University, San Jose, California 95192-0060

INTRODUCTION

Self-determination and control have been described as central to much of human behaviour. Alder (1930) referred to the need to control one's personal environment as "an intrinsic necessity of life itself. deCharms (1968) has suggested that "man strives ... for personal causation" (p. 269). Deci (1975) suggests that man's need to perceive control and to be self-determining is crucial for healthy organismic functioning.

Accepting the centrality of self-determination and control to much of human behaviour (deCharms, 1968; Deci, 1975, 1985; Lefcourt, 1973, Rotter, 1954; Seligman, 1975; White, 1959), concern arises as to the implications for those for whom such opportunities may be restricted. Investigation of this issue has sought to identify the importance of individual's perceptions of self-determination and control, and the impact of such perceptions upon physical and subjective well-being. Using both human subjects (for a full review see Schulz, 1976; Perlmutter and Monty, 1977; Monty, Geller, Savage and Perlmutter, 1979) and animal subjects (for a full review see Seligman, Maier and Solomon, 1971; Perlmutter and Monty, 1977), investigators have found evidence which suggests that limited opportunities for self-determination and control (as evidenced by lack of predictability, lack of influence, lack of the opportunity to be self-determining or self-effecting) may have a serious impact on physiological and psychological well-being. From a wellness perspective, these studies suggest that limited opportunities for self-determination and control may have a substantial impact upon both physiological health and subjective well-being.

Gerontological investigations of this issue have found that older adults who perceive themselves as able to control meaningful elements of their environment tend to age more successfully (as measured by decreased mortality, morbidity and psychological disability) than those who perceive themselves as unable to control their environment (Monty and Perlmutter, 1986). Among the institutionalized elderly in particular, those individuals who are provided opportunities for self-determination have been found to demonstrate an increase in zest, happiness, activity level, and hopefulness for the future, as well as a decrease in complaints of chronic pain, intake of medication, and self-reports of loneliness and boredom (Langer and Rodin, 1976; Schultz, 1976; Perlmutter and Langer, 1982). Researchers further suggest that the mortality among the institutionalized elderly may be lower for residents who perceive control than for those who do not (Reich, 1949; Rodin and Langer, 1977; Schmale and Ike, 1966; Schultz, 1976; Schulz and Hanusa, 1977).

While these findings may be intriguing, they become quite disturbing when one considers that the elderly may be the group most vulnerable to the devastating implications of limited opportunities for self-determination and control. Perhaps even more disturbing are the implications for the *institutionalized* elderly for whom controllable opportunities are further reduced due to the characteristics of institutionalized care (Goffman, 1961; Ryden, 1984). Within such environments, opportunities for control are characteristically removed from the resident for both the comfort and convenience of the resident, as well as for the operational realities of the organization (Goffman, 1966).

Despite the fact that replicated research supports the therapeutic facilitation of opportunities for control *among the elderly*, there remains a surprising paucity of

clinical applications of this very issue (Langer, 1975; Lefcourt, 1973; Monty and Perhnuter, 1986; Rodin, 1986; Ryden, 1984; Savell, 1987). Perhaps even more surprising, is the absence of clinical investigations which assess the *efficacy* of procedures attempting to enhance self-determination among at risk populations such as the institutionalized elderly (Savell, 1987). The study described below, therefore, sought to determine the efficacy of providing opportunities for self-determination for the institutionalized elderly within a *leisure* context, as well as the extent to which such opportunities may have an impact on perceived physical health and subjective well-being. To accomplish this, an intervention strategy (experimental design) was utilized.

METHOD

Forty-three female subjects ranging in age from 65 to 97 (mean = 83) from two intermediate care nursing homes were exposed to differential opportunities for choice and decision making (independent variables) in an effort to enhance perceived control. It was anticipated that enhanced perceived control would have a positive impact on perceived physical well-being, psychological well-being and leisure satisfaction (dependent measures of the dependent variables). Control was facilitated through the provision of opportunities for choice within a leisure (therapeutic recreation) context since leisure and recreation have been identified as one context for the elderly (especially the institutionalized elderly) to continue to be self-determining and to exercise control (Iso-Ahola, 1980; Lawton, 1985).

Subjects within the choice groups were provided either the opportunity to choose to participate in the daily (experimental) leisure programme, or the opportunity to select from among four equally interesting activity alternatives while in the programme, or both. Activity alternatives were based upon identified leisure interests of the participants. Subjects in the no-choice group were afforded neither choice while subjects in the base-line group completed only the pre- and post-test measures of the dependent variables. Pre and post-test measures of each of the dependent variables of perceived health, subjective well-being, perceived control, and leisure satisfaction were completed by all subjects. The experimental conditions occurred three times per week, for a duration of forty-five minutes each session. The experiment continued for four weeks.

RESULTS

A split plot (repeated measures) factorial design failed to identify the presence of any statistically significant ($p < 0.01$) differences between those groups provided opportunities for choice and decision making and those groups not provided such opportunities on any of the dependent variables. The findings suggest that/or *this sample of subjects*, enhanced opportunities for choice and decision making had little or no influence on any of the dependent variables of perceived physical well-being, subjective well-being, or leisure satisfaction.

DISCUSSION

Since the findings of this investigation are in such striking contrast to the literature reviewed previously, it appears prudent to pursue a discussion of those factors which may have predisposed the investigation towards the obtained results. Such a discussion may prove helpful to future investigative efforts.

While the subject pool, nursing home environment, and dependent measures may each warrant discussion, perhaps the most likely explanation for the absence of significant

findings is the experimental design itself. Indeed, although the design was well founded in theory and precedent research -- and was a likely approach to testing the hypothesis - it appears (in retrospect) as if the facilitation of choice opportunities solely within a leisure context was not sufficient to significantly enhance perceptions of control, nor to have an impact on any of the dependent measures.

One plausible explanation for the inefficacy of the experimental design may be founded upon principles of motivational psychology (Schulz and Hanusa, 1977). While no direct information was obtained regarding the particular attributions made by the subjects, it may be suggested that rather than encouraging attributions which were internal (originating from within the individual), stable (long-term and recurring), and global (generalizable), the study may have encouraged attributions which were external (environmentally dependent), unstable (short-term and intermittent), and specific (unique to the situation). To clarify, despite the fact that subjects were unaware of the purpose of the investigation, they were aware that the opportunity to exercise choice was provided by the investigator - hence, control was external. Further, subjects were well aware of the duration of the investigation and, therefore, could understandably have come to perceive the opportunity to exercise choice and decision making as being short term. Finally, residents did not experience increased control outside of the experimental condition (the leisure context) and may have come to perceive control as situation specific.

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