

OPERATIONAL PERSPECTIVES ON PERSONAL EMPOWERMENT

Mihaela GAVRILA-ARDELEAN, PhD.

Aurel Vlaicu University of Arad

miha.gavrila@yahoo.com

Gabriela KELEMEN, PhD.

Aurel Vlaicu University of Arad

gabrielakelemenuav@gmail.com

Abstract: *People who suffer from psychiatric disabilities due to various causes face a variety of barriers to an acceptable quality of life. Studies confirm that all the problems they face are also due to the lack of personal empowerment in their lives. The concepts of self-empowerment and self-control are not yet widespread in the public mental health system, although from a legal, constitutional point of view, civil rights include full freedom and autonomy over one's own treatment.*

Aim of research: This article aims to focus on the need to implement the theory of self-empowerment among specialists working with people suffering from mental disorders. This would help them acquire skills that could lead them to breaking down major barriers in personal empowerment, with potential relevance to beneficiaries. This way, the self-empowerment and self-control of beneficiaries could be implemented both within and outside of mental health systems.

Methodology of research: consists of building a questionnaire with open-ended questions. It assesses the domains of competences that must be acquired by accompanying specialists in self-empowerment. The questionnaire is based on the data obtained from a scientific review of the needs of the beneficiaries, resulting from the application of the Self-determination Theory in the specialized studies carried out over the past 10 years.

Results of research: are to establish the areas of competence necessary for the accompanying specialists in self-empowerment. These evaluated areas will form the basis for the construction of course modules for the training of specialists in personal empowerment.

Conclusions: The skills acquired by specialists from the self-empowerment course will help them accompany people with mental health (MH) problems. Specialists will teach beneficiaries how to become independent and acquire the capacity of self-management of their own lives, by increasing intrinsic motivation.

Keywords: *mental health; self-empowerment; autonomy; motivation; competences.*

Introduction

Health is one of the main preoccupations of society. Romania, since 1977, has stipulated that "the main social goal of governments and the World Health Organization (WHO) in the coming decades is to achieve a state of health of the entire world population, allowing all people to lead a productive life, economically and socially". Prevention and preservation of health, especially mental health and the fight against mental illness are permanent concerns of the modern society, which aims to prolong human life as much as possible, while increasing the quality of life. The issue of concern to modern society is that of quality of life; active life expectancy must be

pursued. Medicine often contributes to prolonging life, but efforts must be made to increase the quality of life. This concept is also a social indicator of the quality of life of people with health problems, or of the elderly. An evident challenge is represented by psychological disorders that make significant changes in social and family life. The Organisation for Economic Co-operation and Development (OECD), in its annual report on the health of Europeans, stated: "*We can and must do more to promote psychological well-being and prevent mental illness*". Mental health is part of a multidisciplinary system of theoretical and practical means that aims to defend, preserve and strengthen mental health, but also to prevent and eliminate suffering, increase the quality of life and, implicitly, the well-being of the individual. According to S. D. Kipman (1996), concern should be directed towards caring for mental health, and, according to P. Bailly-Salin (1996), attention should be directed to the causes that lead to the onset of mental disorders, in order to permanently eliminate them. On several European projects on the problematic of mental health, a rigorous analysis of the social context of each partner country was carried out, noting the urgent needs regarding the optimization of mental health networks and the improvement of the care system for people suffering from various mental disorders. The Empow'Them project aims at an innovative approach in the field of intervention pedagogy for the development of professional skills of specialists working in the field of mental health by promoting the Self-determination Theory (SDT). This project follows a number of other ERASMUS Plus projects, strategic projects carried out with European partners: KA 2 SPSM-*Employment in Europe*, KA2 ARPA – *Ageing-Réseaux professionnels et personnes âgées*, KA2-European *TuToring Process in Psychiatry And Mental Health*, with the aim of identifying training and mentoring strategies. According to the new European recommendations for professionals in psychiatry and mental health, the projects: KA2-VETMH TuTo+, "Vocational Education Process in European Tutoring for Immersion Trainees in the Mental Health Sector", and KA2-DigiFamily, aim to optimize the mental health system by empowering family and community resources. They also aim to empower stable relationships between multidisciplinary professionals and family members with cases of persons with mental health problems, for specific intervention. The most important objective of these projects is to train the competences of mental health (MH) specialists, in order to achieve social and professional reintegration of people with MH problems and, especially, to increase their quality of life.

The main targets pursued were:

- Analyzing the social contexts of each partner country in the project;
- Highlighting the barriers that prevent people with mental disorders from entering the labor market;
- Promoting opportunities for free or protected jobs for groups of people and individuals at high risk of exclusion, with a focus on active measures (lifelong learning, qualification, retraining, etc.);
- Promoting social inclusion;
- Combating discrimination and social exclusion through measures to support and complement national strategies and employment policies;
- Increasing the visibility and international impact of the research carried out in projects in the field of promotion of advanced, modern implementation and evaluation techniques, in order to ensure the premises for the improvement of professional skills of specialists;
- Conducting an analysis of professional practices among professionals working in a network for people with mental disorders;

- Socio-cultural reflection on networks in Europe, improving them to support people with mental health problems;
- Testing a European exchange and communication platform for setting up, monitoring and accessing networks;
- Developing a recommendations guide on conditions and parameters favorable to the effectiveness of a care and monitoring network for people with mental disorders;
- Producing a set of methodological tools and monitoring their effectiveness once implemented;
- Promoting mental health networks for professionals (European conferences and publications);
- Favoring conditions for improving the public health system through social protection and access to services;
- Accentuating the role that innovative technology, education and access to information play in increasing the contribution to public life of people with mental problems;
- Highlighting the importance of intergenerational support (support from family and close ones) in helping beneficiaries overcome obstacles in social, economic and cultural relations.

Research methodology

The KA2 project, ERASMUS PLUS-Empow'Them, aims to carry out research in the field of the theory of self-empowerment, for interventions that can ameliorate the life of persons with mental health problems. The project explores solutions to the current lack of competences of actors in the health and community services sectors for people with mental health problems, from an educational and training perspective. Its aim is to locate, analyze and disseminate information about innovative mental health training models and about the provision of services that have been effectively developed.

Studying the literature, through a meta-analysis of interventions in health promotion and management of mental disorders on self-determination (SDT), we have observed that many mental health researchers draw attention to the optimizer character of SDT-based motivational construction. Studies have shown that SDT-based interventions have produced small to medium changes in most SDTs, at the end of the intervention period, through the results of physical and psychological health. We note the need for autonomous motivation support (not controlled motivation), which leads to positive changes in the behavior of beneficiaries.

Self-determination-based interventions (Rouse, Duda, Ntoumanis, Jolly, & Williams, 2016) positively influence health indices; these effects are modest, heterogeneous and partly due to increased self-determined motivation and support from the multidisciplinary team and, in particular, from the family. The self-determination theory (SDT) (SDT; Deci & Ryan, 1985; Ryan & Deci, 2017) is an organic theory based empirically on motivation, which leads to the improvement of well-being. According to Ryan & Deci (2017), human behaviors are largely influenced by contextual motivational factors.

Behavioral change is more effective and sustainable when patients are autonomously motivated. In the field of health, empirical work based on SDT has several forms, including survey research, experiments, studies, cross-sectional clinical studies (e.g., Edmunds, Ntoumanis, & Duda, 2007; Halvari, Halvari, Bjørnebekk & Deci, 2010), and longitudinal studies (e.g. Hagger, Chatzisarantis & Harris, 2006; Simoneau & Bergeron, 2003). Research has typically examined the relationships between constructs based on self-determination and outcome variables related

to physical or mental health. Field and clinical experimental studies (e.g. Fortier, Sweet, O'Sullivan & Williams, 2007; Niemiec, Ryan, Deci & Williams, 2009) have trained health practitioners to support the psychological needs of clients/patients and have shown significant changes in behavior, motivation and well-being.

The theory of self-determination states that when patients suffering from mental illness overcome their barriers and assume self-control over their personal lives in a conscious and motivated way, they manage to rebuild their lives towards normality.

Starting from these considerations based on advanced research and validated studies, the project aims to develop a methodology for improving the skills of specialists who work with people with mental illnesses, in order to be able to implement the theory of self-determination in the support and care of beneficiaries. According to studies in the literature, the three basic psychological needs of the beneficiaries are: autonomy, competence and belonging, essential for the development of self-determination behaviors.

The project members have developed an interview based on a questionnaire containing sets of grids. The grids include open-ended questions. The respondents are required to answer as honestly as possible, and the answers are anonymous. As this questionnaire will be applied in several countries, it was insisted on clearly specifying operational concepts, in order to ensure and share the same pedagogical concepts. They were established by a review analysis of the literature on the essential needs of the beneficiaries regarding their life self-management.

Research results

The review analysis of the literature on the Theory of Self-determination has led to the discovery of three essential needs of the beneficiary for empowerment: autonomy, sense of value and belonging. Based on the Self-determination Theory, we define as operational technical terms the following:

1. Autonomy is one's ability to make conscious decisions, while having a strong sense of intrinsic motivation.
2. The competence of life management, such as succeeding in solving a task or completing an action, is related to the sense of personal value experienced by the beneficiaries in their living environment.
3. The sense of belonging reflects users' interpersonal or group relationships.

Another research result is the establishment of areas of competence in empowerment. This was achieved through multiple empowerment workshops, carried out in online meetings between specialists from the partner countries in the project. The synthesis of domains of competence in empowerment and the utility of training in this area are rendered in Table 1.

Table 1. Areas of needs in self-determination, explored through the European Project Empow'Them questionnaire

Areas explored	Question No.	Questions
Level of familiarity with the field of self-determination	1-01	Have you ever read or taken a self-determination course?
	1-02	Would you say that you are familiar with this topic?
	1-03	Is self-determination important in your business/profession and, if so, why?

	1-04	Is self-determination a topic you talk about with the professionals in your institution?
	1-05	What training courses have helped you better support the users in their self-determination process?
Relation with users	2-01	Explain how you connect with a user that you will be accompanying?
	2-02	Tell us what is important to you in the relationship you build with the user and why?
	2-03	In your opinion, is asymmetry in the relationship necessary? What do you do to promote or minimize it?
	2-04	How do (or do not) the principles of self-determination change your attitude towards the user?
Basic psychological needs of the user	3-01	How do you promote the sense of autonomy, competence or membership?
	3-02	How do you support the users and empower them?
	3-03	How do you help the users concretely increase their skills?
	3-04	How do you make the users aware of their abilities, their efficiency, their progress?
	3-05	How do you help the users learn to recognize their strengths and limitations?
	3-06	How do you help the person you accompany to develop membership links to a particular group?
	3-07	Are there mechanisms in your institution that aim to strengthen the person's membership of a particular group?
	3-08	How do you assess and help the users self-assess their level of autonomy, competence or membership?
	3-09	Does your institution provide you with assessment tools? Have you built them or gathered them yourself? If so, which one?
Communication with the user	4-01	What training opportunities do users have in your institution?
	4-02	How do you raise awareness of self-determination issues

		among the users you accompany?
	4-03	What do you do to share your views on self-determination with those of the person you are accompanying?
Balance between risk-taking and arbitration	5-01	Exemplify the way in which you accompany the users in their decision-making process?
	5-02	Do you use specific tools for this purpose?
	5-03	How do you increase the possibilities for choice? Do you stimulate free will in the context of project accompaniment or in decision-making?
	5-04	Tell us about one or two times when you were in a situation where you had to choose between protecting the users (vulnerability) or accompanying them in their decision-making (autonomy and risk-taking).
	5-05	How did you solve the problem?
	5-06	At the institution level, is there anything planned to support you in the process of risk-taking concerning a user?
	5-07	Do you wish to be better supported by the institution? If so, how?
	5-08	What happens when a project, a choice expressed by the accompanied person presents a risk?
	5-09	How do you support the users in their risk-taking?
	5-10	How do you position yourself in relation to the identified risks?
	5-11	How is your institution positioned in relation to these risks?
	5-12	How do you prepare the users to anticipate and bear the consequences of their own choices?
	5-13	How do you support the users in taking advantage of their mistakes, their "failures"?
	5-14	What do you do when the user wants to move faster or in a direction that you do not consider to be the right one?

Meaning given to self-determination	6-01	Would we like you to give us one or two examples that illustrate how you help the users make sense of their actions and choices?
	6-02	How do you allow the users to prioritize their options?
	6-03	How do you help the users understand their inability to act?
	6-04	What do you do to make the users aware of what is at the root of their choices, their decisions, what motivates them?
	6-05	How do you help the users identify the values that underlie their choices?
	6-06	How do you help the users identify what is more important and what is less important to them?
Participation	7-01	What do you implement or what does your institution implement to allow the expression and participation of the users, their concrete involvement in the life of the institution, and of the society?
	7-02	What would you like to be able to implement?
Keys to success	8-01	Do you have an example where the accompaniment of a user towards behaviors of self-determination did not work?
	8-02	Do you know why?
	8-03	Is that something that you would have done differently?
	8-04	Could you also give us an example where a user's accompaniment to self-determination behaviors worked very well? What would you advise a professional who is just starting out?

Practical examples	9-01	Tomorrow morning, you will be promoted to director of an institution with unlimited budget. What are you going to do to promote the self-determination of users and their accompaniment by professionals?
---------------------------	------	---

Conclusions

The areas of competence explored by the questionnaire form the basis for the construction of a training course with the modules necessary for empowerment.

The initial exploration of the usefulness of building a specific course for self-determination leads to the establishment of nine areas of competence with the related training needs, as evidenced by the research undertaken in the project. They will be the basis of skills training modules, as follows:

1. The place of self-determination in our professions;
2. The ability to work as a team, the management of self-determination, how to initiate a self-determination approach;
3. Contacting the user and building a relationship that promotes self-determination;
4. Management of asymmetry in this relationship;
5. Theoretical knowledge necessary for the development of autonomy, competence, membership (promoting membership through individual support or through the institution), empowerment and supporting the decision-making process;
6. Increasing the specialist's ability to help the users with self-assessment (to teach the users how to identify their own strengths/ weaknesses). This can be done by providing the beneficiaries with assessment and self-assessment tools, and by helping them acquire the practical skills needed to use these instruments;
7. Practical skills to protect the user during accompanying, by knowing the role of the institution and the role of the management staff, school principals, and other categories of professionals, assumed empowerment;
8. Failure management skills by anticipating consequences and remediation by prioritizing options;
9. Inclusion and participation.

Thus, it is necessary to train and educate users about self-determination.

Acknowledgment

This intellectual production was co-financed by the Erasmus+ Strategic Partnership program under the agreement number 2020-1-FR01-KA202-080436. This article is part of the A8 step of the intellectual production and it was published by 'Aurel Vlaicu' University of Arad, Romania partner, in close cooperation with: France: Espoir 54: B.Tudoce, basile.tudoce@espoir54.org & S.Salime, samira.salime@espoir54.org; AFEC: C.Nache, afecbureau2009@gmail.com, Kariateam: M.Pondaven, michele.pondaven@kariateam.com & J.Pondaven, jacques.pondaven@kariateam.com; Switzerland: TRAJETS: D. Munuera, d.munuera@trajets.org, M. Pluss, m.pluss@orange.fr & L. Mai, l.mai@trajets.org;

Greece:Kepsipi: R.Marselou, rea.marselos@live.com&M.Moraitou, kepsipi@yahoo.gr;Spain:
CTI: C. Fuenzalida, fuenzalida.cl@gmail.com&J. Sempere,
asociacionsalutmental@gmail.com; Belgium: CNP St.-M.:
J.Deloyer,jocelyn.deloyer@saintmartin.ofc.be, C. Maes,
christine.maes@saintmartin.ofc.be&M.Gigot,maxime.gigot@saintmartin.ofc.be.

The European Commission's support for the production of this publication does not constitute an endorsement of the contents, which reflect the view of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

References

- Duckworth, A. L., & Kern, M. L. (2011). A meta-analysis of the convergent validity of self-control measures. *Journal of Research in Personality*, 45(3), 259–268
- Halvari, A. E. M., Halvari, H., Bjørnebekk, G., & Deci, E. L. (2010). Motivation and anxiety for dental treatment: Testing a self-determination theory model of oral self-care behavior and dental clinic attendance. *Motivation and Emotion*, 34, 15–33. doi:10.1007/s11031-010-9154-0
- Martins, A., Ramalho, N., & Morin, E. (2010). A comprehensive meta-analysis of the relationship between emotional intelligence and health. *Personality and Individual Differences*, 49(6), 554–564.
- Moreno-Murcia, J. A., & Sánchez-Latorre, F. (2016). The effects of autonomy support in physical education classes [Efectos del soporte de autonomía en clases de educación física]. *RICYDE. Revista Internacional de Ciencias del Deporte*, 12, 79–89. doi:10.5232/ricyde
- Ntoumanis, N., Thøgersen-Ntoumani, C., Quested, E., & Hancox, J. (2017). The effects of training group exercise class instructors to adopt a motivationally adaptive communication style. *Scandinavian Journal of Medicine & Science in Sports*, 27, 1026–1034. doi:10.1111/sms.12713
- Rouse, P. C., Duda, J. L., Ntoumanis, N., Jolly, K., & Williams, G. C. (2016). The development and validation of the Interpersonal Support in Physical Activity Consultations Observational Tool. *European Journal of Sport Science*, 16, 106–114
- Ryan, R. M., & Deci, E. L. (2017). *Self-determination theory: Basic psychological needs in motivation, development, and wellness*. New York: Guilford Publishing.
- Silva, M. N., Markland, D., Carraça, E. V., Vieira, P. N., Coutinho, S. R., Minderico, C. S., Teixeira, P. J. (2011). Exercise autonomous motivation predicts three-year weight loss in women. *Medicine & Science in Sports & Exercise*, 43, 728–737. doi:10.1249/MSS.0b013e3181f3818f
- Sitzmann, T., & Ely, K. (2011). A meta-analysis of self-regulated learning in work-related training and educational attainment: What we know and where we need to go. *Psychological Bulletin*, 137(3), 421–442.
- Sowislo, J. F., & Orth, U. (2013). Does low self-esteem predict depression and anxiety? A meta-analysis of longitudinal studies. *Psychological Bulletin*, 139(1), 213–240