

IN CONTROL AND GLAD OF IT!

Langer, E. J., & Rodin, J. (1976).

The effects of choice and enhanced personal responsibility for the aged: A field experiment in an institutional setting. *Journal of Personality and Social Psychology*, 34, 191-198.

Control. This seemingly small psychological concept may be the single most important influence on all of human behavior. What we are talking about here is not your ability to control the actions of others but the personal power you possess over your own life and the events in it. Related to this ability are your feelings of competence and personal power and the availability of choices in any given situation. Most of us feel that we have at least some control over our individual destinies. You have made choices in your life—some good ones, and maybe some poor ones—and they have brought you to where you are today. And although you may not consciously think about it, you will make many more choices throughout your life. Each day you make choices and decisions about your behavior. When your sense of control is threatened, you experience negative feelings (anger, outrage, indignation) and will rebel by behaving in ways that will restore your perception of personal freedom. It's the well-worn idea that if someone tells you that you have to do something, you may respond by either refusing or by doing exactly the opposite. Or, conversely, try to forbid someone from doing something and they will find that activity more attractive than they did before it was forbidden (remember Romeo and Juliet?). This tendency to resist any attempt to limit our freedom is called reactance.

If our need to control our personal environment is as basic to human nature as it appears to be, what do you think would happen if that control were taken away from you and you were unable to get it back? You would very likely experience psychological distress that could take the form of anxiety, anger, outrage, depression, helplessness, and even physical illness. Studies have shown that when people are placed in stressful situations, the negative effects of the stress can be reduced if the participants believe they have some control over the stressful event. For example, people in a crowded elevator perceive the elevator to be less crowded and feel less anxiety if they are standing next to the control panel in the elevator car; they believe they have a greater sense of control over their environment regardless of whether they use the control to "escape" (Rodin, Solomon, & Metcalf, 1979). Another well-known line of research has demonstrated that when people perceive that they have control over a stressful situation, their stress is reduced (see Glass & Singer, 1972). For example, one study exposed participants to loud bursts of noise and then had them perform problem-solving tasks. One group had no control over the noise. Another group was told that they could press a button and stop the noise at any time. However, they were asked not to press the button if they could avoid it. Participants in the no-control group performed significantly worse on the tasks than the participants who believed they could exert control over the noise. By the way, none of the participants in this latter group actually pressed the button, so they were exposed to just as much noise as the group that had no perception of control.

What this all boils down to is that we are happier and more effective people when we have the power to choose. Unfortunately, in our society, many people's lives reach a stage when they lose this power and are no longer allowed to make even the simplest of choices for themselves. This life stage is called old age. Many of us have heard about or experienced firsthand the tragic sudden decline in alertness and physical health of an elderly person when he or she has been placed in a retirement or nursing home. Illnesses such as heart disease, depression, diabetes, and colitis have been linked to feelings of helplessness and loss of personal control. One of the most difficult transitions elderly people must endure when entering a nursing home is the loss of the personal power to make choices about their

daily activities, to influence their life's destinies. Langer and Rodin, who had been studying these issues of power and control for some time prior to the study we consider here, decided to put these ideas to the test in a real nursing home.

THEORETICAL PROPOSITIONS

If the loss of personal responsibility for one's life causes a person to be less happy and healthy, then increasing control and power should have the opposite effect. Langer and Rodin wanted to test this theoretical idea directly by enhancing personal power and choice for a group of nursing home residents. Based on previous literature and their own earlier studies, they predicted that the patients given this control should demonstrate improvements in mental alertness, activity level, satisfaction with life, and other measures of behavior and attitude.

METHOD

Participants

Langer and Rodin obtained the cooperation of a Connecticut nursing home, Arden House. This facility was rated by the state as one of the finest care units in the area, offering high-quality medical care, recreational facilities, and residential comforts. It was a large and modern home with four residential floors. The residents in the home were all of generally similar physical and psychological health and came from similar socioeconomic backgrounds. When a new resident entered the home, he or she was assigned to a room on the basis of availability, more or less at random. Consequently, the characteristics of the residents on all floors were, on average, equivalent. Two floors were randomly selected for the two treatment conditions. Fourth-floor residents (8 men and 39 women) received the "increased-responsibility" treatment. The second floor was designated as the comparison group (9 men and 35 women); their level of personal responsibility was relatively unchanged. These 91 participants ranged in age from 65 to 90.

Procedure

The nursing home administrator agreed to work with the researchers in implementing the two conditions. He was described as an outgoing and friendly 33-year-old who interacted with the residents daily. He called a meeting of the residents of the two floors where he gave them some new information about the home. The administrator's two messages informed the residents about the home's desire that their lives there be as comfortable and pleasant as possible and several of the services that were available to them. However, some important differences for the two groups were integrated within these messages.

The residents in the responsibility-induced group (fourth floor) were told that they had the responsibility of caring for themselves and deciding how they should spend their time. He went on to explain the following:

You should be deciding how you want your room arranged—whether you want it to be as it is or whether you want the staff to help you rearrange the furniture.... It's your responsibility to make your complaints known to us, to tell us what you would like to change, to tell us what you would like. Also, I wanted to take this opportunity to give each of you a present from Arden House. [A box of small plants was passed around and the patients were asked to make two decisions: first, whether or not they wanted a plant at all, and second, to choose which one they wanted. All residents selected a plant.] The plants are yours to keep and take care of as you'd like.

One last thing: I wanted to tell you that we're showing a movie two nights next week, Thursday and Friday. You should decide which night you'd like to go if you choose to see it at all. (p. 194)

The comparison group (second floor) was told how much the staff at the home wanted to make their lives fuller and more interesting. He explained the following to them:

We want your rooms to be as nice as they can be and we've tried to make them that way for you. We want you to be happy here. We feel that it's our responsibility to make this a home you can be proud of and happy in and we'll do all we can to help you. . . . Also, I wanted to take this opportunity to give you each a present from Arden House. [The nurse walked around with a box of plants and each patient was handed one.] The plants are yours to keep. The nurses will water and care for them for you.

One last thing: I wanted to tell you that we're showing a movie next week on Thursday and Friday. We'll let you know later which day you're scheduled to see it. (p. 194)

Three days later, the director went around to each resident's room and reiterated the same message.

It's not difficult to see what the important difference was between these two messages. The fourth-floor group was given the opportunity to make choices and exercise control over their lives in various ways. The second-floor group, while other factors were basically the same, was given the message that most of their decisions would be made for them. These policies were then followed on these two floors for the next 3 weeks. (It is important to note that the level of control given to the fourth-floor residents was always available to all residents at the home if they requested it. For this experiment, it was simply reiterated and made clearer to the experimental group.)

Measuring the Outcomes

Several methods of measurement (dependent variables) were used in this study to determine if the different responsibility conditions would make a difference. Two questionnaires were administered 1 week before the director's talk and again 3 weeks after. One questionnaire was given to the residents; it asked questions about how much control they felt they had and how active and happy they were at the home. The other questionnaire was given to nurses on each floor (who were not aware of the research being conducted), asking them to rate patients on 10-point scales for how happy, alert, dependent, sociable, and active they were and about their sleeping and eating habits. Two measures of the residents' actual behavior were also recorded: (a) the staff kept a record of the attendance at the movie that was being shown the next week and (b) a contest was held for patients to guess the number of jelly beans in a large jar; if residents wished to enter the contest, they simply wrote their guess and their name on a slip of paper and placed it in a box next to the jar.

RESULTS

Table 20-1 summarizes the results of the two questionnaires.

TABLE 20-1 Summary of Questionnaire Responses

| DIFFERENCE BETWEEN FIRST AND SECOND ADMINISTRATION | | | |
|--|--------------------------------|------------------|-------------------------|
| QUESTIONNAIRE ITEM | INCREASED RESPONSIBILITY GROUP | COMPARISON GROUP | SIGNIFICANT DIFFERENCE? |
| Residents self-report | | | |
| • Happy | +0.28 | -0.12 | YES |
| • Active | +0.20 | -1.28 | YES |
| • Interviewer's rating of alertness | +0.29 | -0.37 | YES |
| Nurses' Ratings | | | |
| • General Improvement | +3.97 | -2.39 | YES |
| • Time Spent | | | |
| -Visiting other patients | +6.78 | -3.30 | YES |
| -Visiting others | +2.14 | -4.16 | YES |
| -Talking to staff | +8.21 | +1.61 | YES |
| -Watching staff | -2.14 | +4.64 | YES |
| | | | |
| (Adapted from p. 195) | | | |

As you can see clearly, the differences between the groups were striking, and they supported Langer and Rodin's predictions about the positive effects of choice and personal power. The residents in the increased-responsibility group reported that they felt happier and more active than those in the comparison group. Also, the interviewer's rating of alertness was higher for the fourth-floor residents. All these differences were statistically significant. Even greater differences were seen on the nurses' ratings. Keep in mind that the nurses who rated the patients were "blind" (uninformed) as to the two treatment conditions to avoid any bias in their ratings. They determined that, overall, the increased-responsibility group's condition improved markedly over the 3 weeks of the study, while the comparison group in general was seen to decline. In fact, "93% of the experimental group (all but one participant) were considered improved, whereas only 21% of the comparison group (six participants) showed this positive change" (p. 196). Fourth-floor residents took to visiting others more and spent considerably more time talking to various staff members. On the other hand, the increased responsibility residents began to spend less time engaged in passive activities such as simply watching the staff.

The behavioral measures added further support to the positive effects of personal control. Significantly more participants from the experimental group attended the movie. This difference in attendance was not found for a movie shown 1 month previously. Although the jellybean guessing contest may have

seemed a somewhat silly measurement for a scientific study, the results were quite interesting. Among the fourth-floor residents, 10 participated in the game, but only 1 second-floor patient did so.

DISCUSSION

Langer and Rodin pointed out that their study, combined with other previous research, demonstrated that when people who have been forced to give up their control and decision-making power are given a greater sense of personal responsibilities, their lives and attitudes improve. As to the practical applications of this research, the authors are succinct and to the point:

Mechanisms can and should be established for changing situational factors that reduce real or perceived responsibility in the elderly. Furthermore, this study adds to the body of literature suggesting that senility and diminished alertness are not an almost inevitable result of aging. In fact, it suggests that some of the negative consequences of aging may be retarded, reversed, or possibly prevented by returning to the aged the right to make decisions and a feeling of competence, (p. 197)

SIGNIFICANCE OF FINDINGS AND SUBSEQUENT RESEARCH

Probably the best example of the significance of the findings of this study was provided by the authors in a subsequent study of the same residents in the same nursing home (Rodin & Langer, 1977). Eighteen months after their first study, Langer and Rodin returned to Arden House for a follow-up to see if the increased-responsibility conditions had any long-term effects. For the patients still in residence, ratings were taken from doctors and nurses and a special talk on psychology and aging by one of the authors (J. Rodin) was given to the residents. The number of residents in each of the original conditions who attended the talk was recorded and the frequency and type of questions asked were noted.

Ratings from the nurses demonstrated continued superior condition of the increased-responsibility group. The average total ratings (derived by adding all their ratings together and averaging this total over all patients) for the experimental group was 352.33 versus 262.00 for the comparison group (a highly significant difference). The health ratings from doctors also indicated an increase in overall health status for the experimental group, compared with a slight decline in health for the control residents. Although no significant difference was noted in the number of residents attending the lecture, most of the questions were asked by the increased-responsibility participants and the content of the questions related to autonomy and independence. Probably the most important finding of all was that 30% of the participants in the comparison group had died during the 18-month interval. For the experimental group, only 15% had died during that time.

One important criticism of research such as this was pointed out by Langer and Rodin themselves. The consequences of intervention by researchers in any setting where the well-being of the participants is involved must be very carefully considered from an ethical perspective. Providing the elderly with new levels of power and control, only to have this responsibility taken away again when the research is completed, might be harmful or even dangerous to the participants. Indeed, a study by Schulz (1976) allowed nursing home residents varying amounts of control over when they would be visited by local college students. Those having the most control over when and for how long the visits would take place showed significantly improved functioning, just as Langer and Rodin found. However, when the study was completed and the students discontinued their visits, this (inadvertently on the 156 Chapter V Human Development part of the researchers) led to a greater decline in the health of the experimental

group compared to those residents who were never exposed to the increased-control situation. In Lange r and Rodin's study, this did not happen, because feelings of general control over normal day-to-day decision making were fostered among all the residents. This, then, was a positive change that was therefore continued over time with sustained positive results.

RECENT APPLICATIONS

As mentioned previously, personal power and control over one's life constitute a key factor in a happy and productive life. Old age is a time when the potential exists for this power to be lost. Lange r and Rodin's studies and the subsequent work of Judith Rodin (see Rodin, 1986) have made it clear that the greater our sense of control, the healthier, happier, and smoother our process of aging. Awareness of this is growing even today as nursing homes, state nursing home certification boards, hospitals, and other institutional settings encourage and require increased choice, personal power, and control for the elderly.

Many studies incorporating Lange r and Rodin's 1976 research have continued to support the need for, and value of, personal control as we age. For example, a 2003 study of depression among elderly residents in senior citizen homes in Germany found that a lack of perceived freedom and personal choice were predictors of depressive symptoms, poor physical fitness, and a lack of social support (Krampe et al., 2003). The authors concluded that "therapy and prevention of depression among inhabitants of old people's residences should include both promotion of volitional self-regulation [personal choice] and improvement of perceived freedom because each of these factors contributes independently to the explanation of depression" (p. 117).

On the other hand, can a person have too many choices? A fascinating study examined the effects of offering people a limited number of choices compared to a large array of choices (Iyengar & Lepper, 2000). In both field and lab settings, participants were offered an opportunity to purchase gourmet jams or chocolates or to write an extra credit essay in a class. Some participants were given 6 choices of items or topics, while others were given 24 or 30 options. The results were strikingly clear. People were up to 10 times more likely to buy jam or chocolates when they had 6 choices compared to 30. In addition, significantly more students opted to write the extra credit exam when they were given the smaller number of topic choices.

CONCLUSION

"Participants actually reported greater subsequent satisfaction with their selection and wrote better essays when their original set of options had been limited" (p. 995). Whether findings about jam and student essays may be applied to nursing home empowerment programs has yet to be investigated; however, common sense suggests that similar effects might well be obtained if elderly people (or anyone) were to be overwhelmed with too many choices. You can see that personal power and control not only affect your happiness, but they also can make you healthier. You can easily apply Lange r and Rodin's ideas to your own life. Think for a moment about events, settings, and experiences in which you were allowed very little personal control over your behavior; the situation "forced" you to behave in specific ways. You probably remember those experiences as more uncomfortable, more unpleasant, and significantly less enjoyable than events where you could freely choose what to do and how to act. In most of life's situations, increasing your degree of behavioral choices, and those of others', is a goal clearly worth pursuing.

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