

Mutual Efficacy, Self-Efficacy, and Collective Efficacy Theory: An Examination of Empowerment and Activism

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Empowerment refers to the ways in which individuals and groups gain greater control over their lives. To date, the majority of studies focus on empowerment at the individual level. Further, research typically focuses on how to make people feel empowered and not how communities exercise their power. The present study utilizes collective efficacy, a community-level theory, to explore community characteristics that may empower individuals to engage in household activism, and communities to participate in neighborhood activism. The findings suggest that mutual efficacy and social cohesion are key drivers of participation in both household and neighborhood activism. Self-efficacy is associated with household activism only. Findings suggest that it is important to use individual-level skill-building opportunities as a method for fostering a collective identity and train community members to recruit others. In addition, community-building initiatives are more likely to result in activism if they focus on building mutual efficacy in the community.

KEY WORDS: *activism; collective efficacy; empowerment; mutual efficacy; self-efficacy*

Empowerment is one of the central components of social work practice and a core value in the *Code of Ethics of the National Association of Social Workers* (NASW, 2021; Turner & Maschi, 2015). Increasing our understanding of how to empower groups and why empowered groups act collectively are two goals of empowerment research (Perkins, 2010). However, a large proportion of empowerment studies focus on individual-level factors such as self-efficacy as opposed to factors that reflect collective empowerment such as mutual efficacy (Keys et al., 2017; Perkins, 2010). Further, researchers typically explore how to make people feel empowered rather than how groups exercise their power (Perkins, 2010). Studying community-level constructs and drawing from community-level theories can help increase our understanding of how and why empowered communities act collectively and, by extension, inform social work practice.

Collective efficacy theory focuses on how social cohesion is activated as action in communities (Gearhart, 2019a; Sampson, 2012). It is a useful framework for empowerment research because it examines how and why communities act (Gearhart, 2019a). Further, recent research on collective efficacy theory has attempted to create stronger linkages between

collective efficacy theory, empowerment, and social work practice (Gearhart, 2019a; Gearhart & Joseph, 2019; Ohmer, 2007; Ohmer & Beck, 2006). The goal of the present study is to test self-efficacy and mutual efficacy as predictors of household and neighborhood activism within the context of collective efficacy theory. Understanding factors associated with activism is important because activism is a way for empowered people and communities to exercise power and, by extension, promote positive community outcomes (Gilster, 2012).

LITERATURE REVIEW Empowerment

Structural oppression has significant negative effects on individuals and communities (Lee & Hudson, 2017). Empowerment acknowledges that people and communities have the power to dismantle oppressive systems and address the negative effects of oppression (Lee & Hudson, 2017; Maton, 2008; Pigg, 2002; Turner & Maschi, 2015). The aim of empowerment research is to understand how and why individuals and communities apply power to create change (Keys et al., 2017; Perkins, 2010; Turner & Maschi, 2015). Identifying and leveraging the strengths of individuals and communities and mutual support among

community members are foundational to empowerment (Maton, 2008; Pigg, 2002; Turner & Maschi, 2015) and consistent with social work values of autonomy and self-determination (NASW, 2021).

Empowerment is both a process and an outcome (Maton, 2008; Perkins, 2010; Pigg, 2002). As a process, empowerment focuses on how individuals gain more control over their lives by participating in decision making, raising awareness of issues, and increasing community members' access to resources (Maton, 2008; Perkins, 2010; Pigg, 2002). As an outcome, empowerment refers to the extent to which community members feel empowered, which includes perceived control over their lives and power in the democratic decision-making process (Maton, 2008; Perkins, 2010; Pigg, 2002).

Empowerment occurs both at the individual level and collectively. Individual-level empowerment focuses on empowering processes and outcomes within a person, and the ability of an individual to mobilize others (Maton, 2008). Collective empowerment focuses on how community characteristics can empower individuals and groups to act (Keys et al., 2017; Perkins, 2010). For example, community factors such as strengthening connections to local organizations can empower communities (Laverack, 2006). Mutual help groups can draw on their strengths and resources to mobilize and solve problems (Maton, 2008).

Though empowerment is widely studied, much of the research emphasizes empowerment on the individual level (Keys et al., 2017). In addition, "far too many studies and writings have been about how to make people *feel empowered* and too few have been about how to *use* empowerment strategies to gain and apply the *actual power*" (Perkins, 2010, p. 207). Therefore, it is important to draw upon community-level frameworks such as collective efficacy theory to better understand how and why empowered communities exercise their power through action.

Collective, Mutual, and Self-Efficacy

Collective efficacy is the process by which social cohesion is activated as action in communities (Sampson, 2012). *Social cohesion* is the extent of mutual trust, solidarity, reciprocity, and shared values among community members (Sampson et al., 1997). Conceptually, individuals are more likely to act if expectations about norms and values are clear among community members (Sampson et al., 1997). Collective efficacy research typically centers the relationship between social cohesion and informal social control (for a

review of studies, see Sampson, 2012), though research demonstrates that social cohesion can result in multiple actions (Gearhart, 2022a; Wickes et al., 2013). However, social cohesion does not always result in action. For example, individuals are less likely to mobilize politically if they believe change is not possible (Gearhart, 2020). Thus, it is important to study factors that mediate the relationship between social cohesion and action.

The term *mutual efficacy* refers to the perceived effectiveness of a group (Gearhart & Joseph, 2019), and is rooted in *mutual help groups*, which are groups that empower members by identifying and leveraging members' strengths (Maton, 2008). Mutual efficacy's emphasis on using the strengths in a community to address issues is consistent with empowerment and the strengths-based nature of social work practice (NASW, 2021; Turner & Maschi, 2015). Research has shown that mutual efficacy mediates the relationship between social cohesion and multiple actions including informal social control, neighboring, and organizational participation (Gearhart, 2019a, 2022a; Gearhart & Joseph, 2019).

Self-efficacy is the perceived capability of an individual to achieve goals (Bandura, 1997). Several studies, including a meta-analysis (McEachan et al., 2011), demonstrate that social cohesion and self-efficacy increase an individual's willingness to perform a behavior, which in turn predicts whether an individual performs the behavior. Though these studies are not explicitly informed by collective efficacy theory, the relationships among social cohesion, self-efficacy, and action indicate that collective efficacy may be a useful framework for explaining action on the individual level (Bandura, 1997; Gearhart & Joseph, 2019).

CURRENT STUDY

The present study contributes to the literature by using collective efficacy theory as a framework for promoting *activism*, defined as the process of working toward change at the neighborhood, community, or global level (Gilster, 2012). As stated previously, collective efficacy research typically focuses on informal social control (Sampson, 2012), though the theory can be applied to other actions (Gearhart, 2022a; Wickes et al., 2013). Studying activism through a collective efficacy lens is important for empowerment research because it moves beyond feeling empowered and focuses on why empowered individuals and communities exercise power (Perkins, 2010).

Findings can inform social work practice by increasing our understanding of how to promote positive outcomes in communities by acknowledging and addressing local issues and empowering communities to take action (Gilster, 2012; Pigg, 2002).

Individual-level and collective empowerment influence each other (Maton, 2008; Pigg, 2002). However, empowerment research typically focuses on one level of empowerment (Keys et al., 2017; Perkins, 2010). The present study tests indicators of individual (self-efficacy) and collective empowerment (mutual efficacy) as predictors of activism. Understanding how self-efficacy and mutual efficacy affect action can identify methods to create synergy between individual and community-level empowerment (Keys et al., 2017). The present study also examines how these factors influence the actions of an individual (household activism) and their community members (neighborhood activism). Testing predictors of household activism can help us understand factors that motivate individuals to act, identifying factors that can help community organizers recruit individuals for collective efforts. Exploring factors associated with neighborhood activism can help us understand how and why empowered community settings and empowered individuals participate in collective action (Perkins, 2010).

Mutual efficacy (Gearhart, 2019a, 2022a) and self-efficacy (McEachan et al., 2011) are associated with action. Therefore, I hypothesize that mutual efficacy and self-efficacy will both be associated with neighborhood activism and household activism. However, I expect mutual efficacy to have a stronger relationship with neighborhood activism and self-efficacy to have a stronger relationship with household activism because these constructs reflect community-level (Gearhart, 2019a) and individual-level (Bandura, 1997) empowerment, respectively.

METHOD

Data

An online survey was utilized to collect data safely during the COVID-19 pandemic. The sample was generated using Prolific.co, an online research platform. Prolific.co was utilized because it includes a representative sample tool, which achieves an approximately representative sample of the United States by stratifying participants across three demographics: age, gender, and ethnicity. Data from the

U.S. Census are used to divide the sample into subgroups based on their proportions in the national population. Potential respondents were recruited by Prolific.co to participate in a one-minute online survey that was developed using Qualtrics. Participants who completed the survey were compensated \$1.90 for participating, and all study procedures received institutional review board approval from my university. The final sample size for the study is 757 individuals.

Measures

Dependent Variables. Neighborhood activism and household activism were measured using items from the Project on Human Development in Chicago Neighborhoods Study (Sampson et al., 1997). Neighborhood activism consists of four items assessing the perceived likelihood that neighbors will participate in the following advocacy activities: (1) “Speak to a local politician (e.g. city council, alderperson) about a neighborhood problem”; (2) “Ask a local religious leader to help address a neighborhood problem”; (3) “Attend a meeting of a local group focused on addressing a neighborhood problem”; and (4) “Get together with neighbors to address a neighborhood problem.” Items were measured using a five-point scale, ranging from 0 = very unlikely to 4 = very likely. Items were combined into the Neighborhood Activism Scale, with higher scores reflecting higher levels of perceived neighborhood activism ($\alpha = .821$).

Household activism was assessed using items asking whether the respondent had ever participated in the following five advocacy activities: (1) “Spoken to a local politician (e.g., city council, alderperson) about a neighborhood problem”; (2) “Talked to a neighbor or group causing a problem in the neighborhood”; (3) “Asked a local religious leader to help address a neighborhood problem”; (4) “Attended a meeting of a local group focused on addressing a neighborhood problem”; and (5) “Gotten together with neighbors to address a neighborhood problem.” Items were measured dichotomously (0 = no, 1 = yes).

Focal Variables. Social cohesion was measured using items developed by Sampson and colleagues (1997) that assessed a respondent’s level of agreement with the following five statements: (1) “People around here are willing to help their neighbors”; (2) “This is a close-knit neighborhood”; (3) “People in this neighborhood can be trusted”; (4) “People in

this neighborhood generally get along with each other”; and (5) “People in this neighborhood share the same values.” Responses were recorded using a five-point scale ranging from 0 = strongly disagree to 4 = strongly agree, and items were combined into a single measure of social cohesion ($\alpha = .840$).

Mutual efficacy was measured using The Mutual Efficacy Scale (Gearhart, 2022b), which consists of eight items (e.g., “Residents in your neighborhood can work together to successfully influence positive change”; “Residents in your neighborhood have a sense of optimism about influencing positive change”; and “Residents in your neighborhood can create a plan to influence positive change”). Responses were recorded using a five-point scale ranging from 0 = strongly disagree to 4 = strongly agree. Item scores were combined, with higher scores reflecting higher levels of perceived mutual efficacy ($\alpha = .915$).

Self-efficacy was measured using the Generalized Self-Efficacy Scale (Schwarzer & Jerusalem, 1995). The scale consists of 10 items (e.g., “I can always manage to solve difficult problems if I try hard enough”; “If someone opposes me, I can find the means and ways to get what I want”; and “It is easy for me to stick to my aims and accomplish my goals”). Responses were recorded using a five-point scale ranging from 0 = strongly disagree to 4 = strongly agree. The Generalized Self-Efficacy Scale reflected adequate internal consistency ($\alpha = .915$).

Control Variables. *Neighborhood disorder* refers to behaviors that are threatening to residents (e.g., public intoxication) as well as physical markers of disorder such as abandoned buildings (Sampson, 2012), and was measured by assessing the severity of five potential problems in respondents’ neighborhoods (e.g., “Neighbors making too much noise”; “Litter, garbage, or trash on the streets”). Items were measured using a three-point scale ranging from 0 = not a problem to 2 = a big problem, and scores were combined into a single measure of neighborhood disorder ($\alpha = .787$). Residential stability was measured dichotomously as whether a respondent had been living at their current address for five years or more.

Age, race/ethnicity, gender, marital status, employment status, household income and education were all used as control variables in analyses. Age was measured in years. Gender was measured using three categories: male, female, and one open-ended option. This measure was dichotomized because only 1.5 percent ($n = 11$) used the open-ended

option. Race was dichotomized as White and non-White because the vast majority of the sample identified as White (75.8 percent, $n = 574$). Marital status was measured using three categories: married or cohabiting; single, never married; and widowed, separated, or divorced.

Employment was measured using three categories: employed, unemployed/furloughed, and retired. Household income was measured using a 10-point scale ranging from less than \$20,000 to \$200,000 or more. The scale increased by increments of \$19,999 (e.g., 0 = less than \$20,000; 1 = \$20,000 to \$39,999). Educational attainment originally consisted of six categories: less than high school, high school diploma/GED, some college, associate’s degree, bachelor’s degree, and graduate degree (master’s, PhD, MD). The first two response options (less than high school and high school diploma/GED) were combined because only five respondents (0.7 percent) endorsed less than high school.

Analysis

A missing values analysis revealed that utilizing listwise deletion would result in a sample size of 666. Of the 91 cases that were missing data on at least one analysis variable, 82 were missing data on a single item. The most common item with missing data was income ($n = 37$). Multiple imputation was used to account for missing variables in the analyses because data were missing at random ($\chi^2 = 305.633$, $p = .292$; Little, 1988). Twenty imputed data sets were created for analysis using all variables in the data set (Graham et al., 2007). Results from the analyses were then pooled across the 20 data sets. Mutual efficacy, self-efficacy, and social cohesion were tested as predictors of neighborhood activism and household activism using multiple regression. All analyses were conducted using MPlus Version 8 (Muthén & Muthén, 1998–2015).

RESULTS

Sample Characteristics

The sample characteristics can be found in Table 1, which shows that the average scores on the Neighborhood Activism Scale fell near the midpoint of the scale ($M = 8.97$, $SD = 3.50$), whereas levels of household activism are relatively low ($M = 1.26$, $SD = 1.38$). On average, scores on the mutual efficacy and self-efficacy scales were 12.55 ($SD = 3.35$) and 28.41 ($SD = 5.86$), respectively. Neighborhood disorder was relatively low in the sample ($M = 1.65$, $SD = 2.15$), and slightly more than half of the

Table 1: Sample Characteristics

Variable	<i>M</i>	<i>SD</i>	<i>n</i>	%
Neighborhood activism	8.97	3.50		
Household activism	1.26	1.38		
Social cohesion	19.19	5.62		
Mutual efficacy	12.55	3.35		
Self-efficacy	28.41	5.86		
Neighborhood disorder	1.65	2.15		
Residential stability			421	55.6
Employment status				
Employed			455	60.1
Unemployed/furloughed			173	22.9
Retired			129	17.0
Income	4.75	3.30		
Educational attainment				
High school/GED or less			74	9.8
Some college			158	20.9
Associate's degree			80	10.5
Bachelor's degree			276	36.5
Graduate/professional degree			169	22.3
Marital status				
Married			373	49.3
Single			276	36.5
Widowed, separated, or divorced			108	14.2
Demographic				
Age (years)	45.70	16.1		
White			574	75.8
Female			374	49.4

sample has been staying in their home for more than five years ($n = 421$, 55.6 percent). The majority of the sample was employed ($n = 455$, 60.1 percent), and the average income was between \$60,000 and \$79,999 ($M = 4.75$, $SD = 3.30$). Most respondents earned a bachelor's degree ($n = 276$, 36.5 percent), graduate/professional degree ($n = 169$, 22.3 percent), or completed some college ($n = 158$, 20.9 percent). Roughly half of the sample was married ($n = 373$, 49.3 percent) and female ($n = 374$, 49.4 percent), and the majority of the sample was White ($n = 574$, 75.8 percent). The average age of the sample was 45.70 years old ($SD = 16.1$).

Multiple Regression Results

Neighborhood Activism. Table 2 contains the standardized results from both regression models. In terms of the focal variables, social cohesion ($\beta = 0.168$, $SE = 0.039$, $p < .001$) and mutual efficacy

($\beta = 0.447$, $SE = 0.038$, $p < .001$) were both positively associated with neighborhood activism (Table 2). Residential stability was positively associated with neighborhood activism ($\beta = 0.074$, $SE = 0.029$, $p < .050$). Respondents with a high school degree, GED, or fewer years of education ($\beta = -0.068$, $SE = 0.032$, $p < .050$) and those who only completed some college ($\beta = -0.074$, $SE = 0.033$, $p < .050$) reported lower levels of neighborhood activism.

Household Activism. Mutual efficacy ($\beta = 0.234$, $SE = 0.046$, $p < .001$) and self-efficacy ($\beta = 0.078$, $SE = 0.036$, $p < .050$) were both positively associated with household activism. However, social cohesion was not a significant predictor of household activism ($p = .514$). Household activism was higher among respondents living in neighborhoods with higher levels of disorder ($\beta = 0.163$, $SE = 0.034$, $p < .001$) and those who have been living in their home for at least five years ($\beta = 0.107$, $SE = 0.034$, $p < .010$).

Given the significant positive relationships between mutual efficacy, self-efficacy, and household activism, a post-hoc analysis was conducted to test for moderation. Results suggest that, although the relationship between mutual efficacy and household activism is stronger for individuals with higher levels of self-efficacy, the relationship is not statistically significant ($p = .703$; full results available upon request).

DISCUSSION

The results partially support the study hypotheses. Mutual efficacy was a significant predictor of both neighborhood activism and household activism. Further, mutual efficacy's relationship with neighborhood activism is stronger compared with its relationship with household activism. Contrary to the study hypotheses, self-efficacy was significantly associated with household activism but not neighborhood activism. In addition, the strength of the relationship between mutual efficacy and household activism was stronger compared with the relationship between household activism and self-efficacy.

Mutual efficacy and self-efficacy were both significantly associated with household activism. Community-level interventions informed by collective efficacy theory typically emphasize building task-specific skills of community members. For example, an intervention designed to promote informal social

Table 2: Standardized Regression Results

Variable	Neighborhood Activism			Household Activism		
	β	SE	p	β	SE	p
Social cohesion	0.168	0.039	.000	0.030	0.046	.514
Mutual efficacy	0.447	0.038	.000	0.234	0.046	.000
Self-efficacy	0.027	0.031	.384	0.078	0.036	.031
Neighborhood disorder	−0.029	0.030	.340	0.163	0.034	.000
Residential stability	0.074	0.029	.012	0.107	0.034	.002
Employment status						
Employed	0.020	0.037	.591	0.038	0.043	.375
Retired	0.036	0.038	.331	0.080	0.043	.062
Income	−0.024	0.034	.480	0.010	0.039	.793
Educational attainment						
High school/GED or less	−0.068	0.032	.032	−0.016	0.037	.659
Some college	−0.074	0.033	.024	−0.006	0.038	.882
Associate's degree	−0.008	0.031	.786	−0.041	0.036	.257
Graduate/professional degree	0.017	0.033	.611	0.075	0.038	.051
Marital status						
Married	0.043	0.035	.224	0.099	0.041	.015
Widowed, separated, or divorced	0.015	0.034	.653	0.089	0.040	.025
Demographic						
Age	−0.001	0.043	.983	−0.004	0.049	.933
White	−0.030	0.030	.324	0.001	0.035	.978
Female	0.000	0.030	.995	−0.082	0.034	.016

control trained residents in conflict management and restorative justice (Ohmer et al., 2010). The intervention had a positive impact on individuals who participated in the trainings but not the neighborhood (Ohmer et al., 2010). Findings suggest that mutual efficacy is an activating agent that increases the likelihood individuals will act. Thus, it is important for social work practice to extend the impact of interventions beyond a group of active residents, and into the community at large.

Deep canvassing influences community members through storytelling and dialogue (Brennan & Jackson, 2022). Research suggests that deep canvassing can build relationships, challenge biases, identify shared issues, and motivate community members to act (Broockman & Kalla, 2016). Training community members in task-specific skills is important (Ohmer et al., 2010). However, developing a collective identity and a shared understanding of issues is foundational to empowering groups (Gearhart, 2019a). Incorporating skills like deep canvassing into community interventions can build mutual efficacy by engaging fellow community members, and thereby

increasing the potential for collective action (Brennan & Jackson, 2022; Broockman & Kalla, 2016; Gearhart & Joseph, 2019).

Social cohesion and mutual efficacy were associated with neighborhood activism. This finding emphasizes the importance of building cohesive networks among individuals and fostering a collective sense of empowerment among community members (Gearhart & Joseph, 2019). Efforts to build social cohesion are more likely to increase mutual efficacy if they identify assets, shared problems, and action steps, and authentically engage community members (Gearhart & Joseph, 2019). Critical consciousness is a potential framework that can facilitate the process of building mutual efficacy and mobilizing communities (Freire, 1993; Sakamoto & Pitner, 2005).

Much like empowerment, critical consciousness occurs at individual and community levels (Pitner & Sakamoto, 2016). At the individual level, critical consciousness is the process of reflecting on our own biases, assumptions, and views (Sakamoto & Pitner, 2005). At the community level, critical consciousness

focuses on the structural causes and consequences of poverty, oppression, and history; building the capacity for change; and taking action (Pitner & Sakamoto, 2016). Activism is an extension of critical consciousness (Freire, 1993). Therefore, engaging individuals and community members in the process of critically assessing the causes of problems, building capacity, and identifying action steps to promote positive change can help empower communities to engage in activism (Pitner & Sakamoto, 2016).

Neighborhood disorder was positively associated with household activism, which supports the assertion that neighborhood issues can motivate individuals to act (Gearhart, 2019b; Gilster, 2014). However, neighborhood disorder was negatively associated with neighborhood activism. In addition, residential stability was significantly associated with neighborhood and household activism. These findings, combined with previous research (Gearhart, 2019b; Hughey et al., 2008; Sampson, 2012), suggest that neighborhood disorder may undermine the willingness of the community to engage in activism by reducing community members' sense of community. Therefore, establishing connections and developing a shared identity among community members is a foundational step to community empowerment in neighborhoods with higher levels of disorder (Brennan & Jackson, 2022; Broockman & Kalla, 2016).

The findings support a positive relationship between education and neighborhood activism (Gilster, 2014; Musick & Wilson, 2008). However, the present study suggests that lower levels of education have a stronger negative effect on an individual's decision to participate in household activism. This finding echoes Gearhart (2019b), who found that the absence of resources had a stronger negative effect on mutual efficacy compared with the presence of resources. Taken as a whole, these findings underscore the severe impact that structural oppression has on community empowerment. Engaging communities in the process of reflecting on the causes, consequences, and remedies of structural oppression can foster collective empowerment and, by extension, activism (Freire, 1993; Pitner & Sakamoto, 2016).

LIMITATIONS

As stated previously, the COVID-19 pandemic necessitated the use of an online survey. It is reasonable to suggest that the pandemic may have affected the relationships under study because it was not physically

safe to organize in groups. Further, the cross-sectional nature of the data prevented the study of the temporal reliability of the findings. Though Prolific.co's representative sample tool created a sample that was evenly split across gender and included incomes ranging from less than \$20,000 to \$200,000 or more, the sample was predominantly White and highly educated. In addition, levels of neighborhood disorder were relatively low in the sample. As a result, the findings may not be generalizable beyond the present sample. Future research can continue to explore the relationships between mutual efficacy, self-efficacy, and activism in a sample that allows testing relationships across multiple groups including race, ethnicity, and gender identity.

Another limitation in the data is that mutual efficacy is measured as an individual's perception of group capability. However, group members' perceptions of mutual efficacy may vary (Gearhart, 2019a). Unfortunately, Prolific.co's sampling procedures do not allow for this type of research because it does not collect data on a meaningful grouping variable (e.g., neighborhood) and does not allow researchers to collect data on participants' locations due to confidentiality concerns. Future research can collect nested data to test for variability of mutual efficacy perceptions among group members.

CONCLUSION

Self-efficacy and mutual efficacy are supported as drivers of household activism, whereas social cohesion and mutual efficacy are associated with neighborhood activism. These findings highlight the importance of developing cohesive networks and fostering mutual efficacy in communities. However, the factors that motivate an individual to engage in household activism differ from those that facilitate activism across the community. Active individuals in the community can engage in behaviors that focus on relationship building and dialogue. These actions can foster a collective identity, identify common issues, and engage fellow community members in the change process. Critical reflection in terms of oppression, power, and views can build mutual efficacy and inspire collective action among groups of community members. Therefore, it is important to utilize individual-level and community-level approaches to empower individuals and communities to participate in activism. **SW**

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Everyday and Posttraumatic Applications

Raymond Monsour Scurfield

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