

Developing Personal and Collective Power to Act

***A pragmatic approach
to empowerment practice***

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Social work practices in a state of crisis...

- Increase in demand
- Decrease in available resources
- Models of practice under duress

Increase in demand

- Trade globalization is putting direct pressure on population groups that are not well prepared to face the tough competitiveness inherent to this type of economic organization.
- The requirements of labour force specialization, geographical mobility and higher expected performance have led to the disqualification of a sizeable part of the population.
- As the effects of this economic marginalization are synergetic, individuals thus excluded from the labour market are facing a rapid deterioration in living conditions and thus a greater need for support.
- This has led to an increase in and a continuous deterioration of situations in which **social practitioners**¹ are required to intervene.

1. All individuals receiving a form of contribution in exchange for their capacity to exhibit behaviours considered to be helpful.

Decrease in available resources

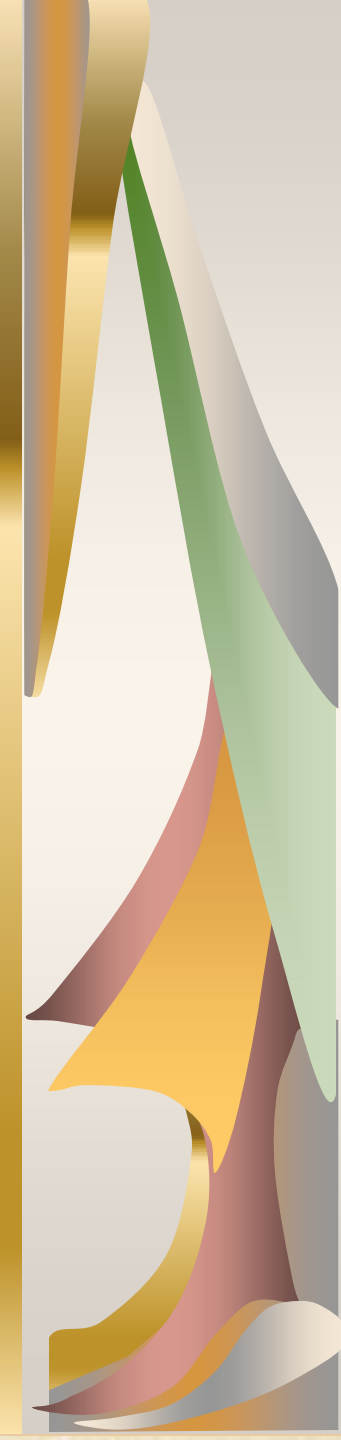
- Since the decline of the Welfare State, national deficit reduction policies have led most Western countries to reduce their social services budgets.
- Developed according to a medical conception of therapeutic treatment, the great majority of intervention models are based on a logic of clarifying the initial causes considered to be the source of difficulties encountered by individuals receiving help.
- The performance criterion for social practice has gradually changed. For example, it is no longer a question of eradicating unemployment but rather optimizing the total productivity of a population.
- The managerial control of suffering has become a de facto norm which is disrupting the working conditions of practitioners and openly challenges the purpose of their mission, their methods and the foundations of their professional identity.

Models of practice under duress

- Practices stemming from the Welfare State which followed the earlier logic of charity were initially designed to provide extensive case management.
- Conditions for their application are increasingly difficult to bring together in the current context of budget restrictions and rationalization of services offered to the population.
- Currently, many professionals find themselves in a situation where they must respond to short-term “problem-solving” types of demand for services whereas they were trained in methods based on a long-term case management approach.
- Subject to socio-economic pressures and the standardization of assistance procedures, social practitioners feel that they are deprived of both authority and resources.
- In addition to this pragmatic and economic challenge, the relevance of approaches based on the medical model is recurrently questioned due to their conceptions of professional help.

Towards a necessary renewal of practices

- Shaken to the very foundations of their professional identity, social work practitioners are now seeking to find renewed meaning in their initial commitment by clarifying and reaffirming the ethical, methodological and economic basis of their actions.
- The desire to take direct action on the structural causes of suffering has remained intact. However, the resources available for this purpose are now more difficult to obtain. Moreover, the models of social action, put forward in the past, have been subject to the cultural effects of the rising power of economic liberalism.
- This global context is contributing to a recurrent demand for the development of alternative support models, which can respond adequately to the new practice conditions that professionals must deal with, while allowing them to act on the structural factors sustaining the difficulties encountered by individuals receiving help.



Neither the police
nor a saviour...

*What form of support should be
promoted?*

What is the aim of professional help in the field of social practice?

- Professional help follows a set of excellence criteria, compliance with which is considered to be a guarantee of competency. This is the logic of “best practices.”
- But how are these best practices defined?
- According to the way developers in the various fields of expertise (medicine, psychology, career counselling, etc.) conceive of the helping function.
- These ideas are themselves based on a general conception regarding the genesis of difficulties which create the need for help.
- In brief, to answer the question “What form of support should be promoted?”, it is important to first come to a consensus regarding the question “Why do people need professional help?”

The “need for help” is explained based on two main hypotheses

- **The deficiency hypothesis:** people’s difficulties are the sole or main result of a deficiency (emotional, in knowledge, in skills, etc.). The need for help is the direct consequence of this deficiency
- **The “revolution” hypothesis:** people’s difficulties are the sole or main result of a pathogenic form of social organization. The need for help is the direct consequence of this structural deficiency

Let us closely examine these two options...

The deficiency hypothesis

- The self/non self relationship is unidirectional. Non-self is a “given” which must be adapted to.
- Competency is the capacity to adapt “harmoniously” (without requiring any change in the established order).
- Suffering: Feeling of inadequacy, nonfulfilment (I should be different from what I am) induced by the logic of adaptation.
- Origin of suffering: suffering is innate or acquired, depending on the approach.
- Treatment: consists in making up for deficiencies. The method varies depending on the approach (anamnesis, reconditioning, transfer of skills or knowledge, etc.).
- Criteria for success: Disappearance of deficiency. Various indicators of adaptation.

Overview of problems posed by the deficiency hypothesis

- The adaptation logic is based on an archetype of “normality” sustained by predominant social groups. Deviancy from the norm is pathologized: “What I am is defined as a ‘health’ (social or mental) problem if I do not correspond to the generally accepted profile of normality.”
- By not acting on the contribution of the social structure to people’s suffering, this logic produces a concrete form of alienation which consists in *making individuals shoulder the responsibility to effect change, a process over which they do not have complete control.*
- It produces numerous iatrogenic effects:
 - Infantilization (i.e. treating people as if they were completely incompetent)
 - Stigmatization (*seeing people only in terms of the difficulties for which they are receiving help*) (ex : “battered woman” or “welfare recipient”)
 - Hyper determinism (denying the individual any potential for change)
 - Double victimization (i.e. blaming people for the problems they encounter).

The “revolution” hypothesis

- The self/non self relationship is unidirectional. The self is understood as a component of a group (the “we”) whose synthesis constitutes a “given” based on which the non self must be organized.
- Competency is the capacity to contribute to the transformation of the established order so that the “we” can develop harmoniously.
- Suffering: Feeling of alienation, oppression (the world should be different from what it is) induced by the logic of collective change as a condition for well-being.
- Origin of suffering: suffering is acquired through the contradiction between collective living conditions and collective conditions for development.
- Treatment: consists in strengthening one’s personal and collective capacities to transform social structures by pooling together experiences and participating in collective change processes.
- Criteria for success: Changing living conditions and conditions for development. Acquiring new participation skills.

Overview of problems posed by the “revolution” hypothesis

- Making the resolution of personal difficulties dependent on the elimination of its structural causes means postponing change to the time when conditions for a collective solution can be met. In the meantime, the individual situations continue to create suffering.
- Attributing suffering almost exclusively to inadequate collective living conditions means ignoring the hypothesis that an individual can contribute directly or indirectly to the difficulties he/she is facing.
- Integrating the self into the “we” implies a loss of specificity which *de facto* restricts the personal space for development to the definition adopted by the community: What “we want” *includes only part of what I desire*.
- Putting collective change before personal well-being (*my desire for development must include that of others*), means framing the definition of the problem experienced by the individual and the solutions that can be envisaged in a particular way.
- Hypercentering the “treatment” on the acquisition of collective participation skills means overlooking the idiosyncratic dimensions of suffering (*the way I experience the problem is played down in favour of aspects of my experience that are shared by the rest of the group*).

To sum up

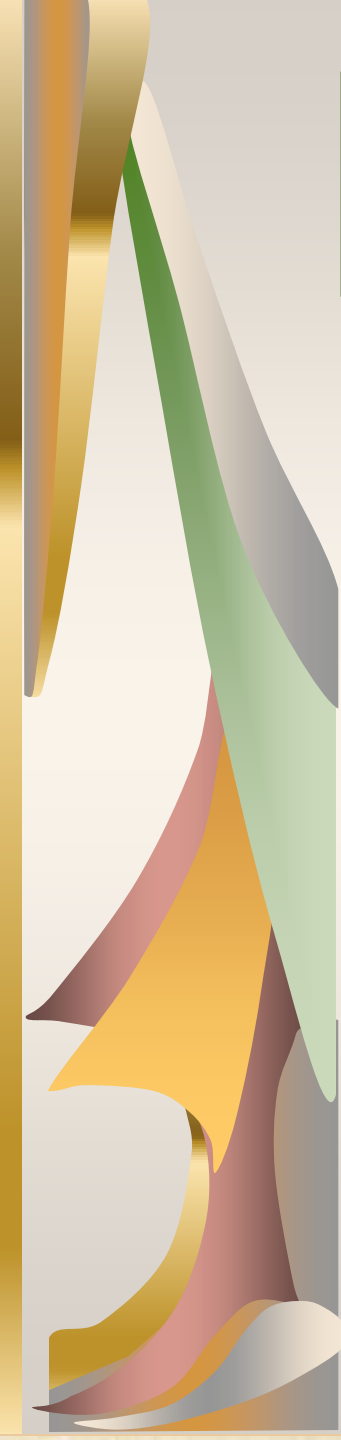
- In the field of social practice, the two main ways in which professional help is conceived:
 - Are based on a prescriptive logic (definition of problem and solution is partly and unilaterally preconstructed)
 - Contain numerous iatrogenic effects such that many practices turn out to be partially harmful
 - Confine the individuals concerned to a relatively unilateral professional case management (individual or collective)
 - Limit the potential for the individuals concerned to rely on their experiential expertise in order to overcome the difficulties encountered.



Is there an alternative to these two conceptions of suffering?

“Pain cannot solely be defined as physical or even mental suffering, but rather as a decrease in—if not a total loss of—one’s ability to take action, one’s power to act, perceived as a blow to the integrity of one’s self.” (Ricoeur, 1990, p. 223; free translation)

Ricoeur, P. (1990). *Soi-même comme un autre*. Paris, éditions du Seuil.

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- Based on this conception of suffering, it can be hypothesized that professional help should thus include a form of “empowerment development” for individuals and communities

**What does the expression
“empowerment” mean in this context?**

The concrete possibility for individuals and communities to exercise greater control* over what is important to them, their families or the community with which they identify

*** Control:** capacity to influence or regulate the significant elements in one’s daily life

The Empowerment Development (ED) Hypothesis

- The self/non self relationship is bidirectional. It develops according to a transactional logic based on the particularity of contexts.¹
- Competency: possibility of “producing and regulating one’s life events.” This means having control over what is important to oneself, one’s family or one’s community.
- Suffering: Perceived and/or real powerlessness to “produce and regulate one’s life events.”
- Origin of suffering : suffering is acquired through experiences leading to a deterioration in the relationship with action.
- Treatment: consists in bringing together the conditions for restoring the relationship with action in contexts where it is not or is no longer possible to “produce and regulate one’s life events.”
- Criteria for success: Effective liberation from the difficulties associated with the deteriorated relationship with action. This can be a change that is understood and is successful in concrete terms or a cognitive reframing or both (this is most often the case).

1. The notion of context refers to “the convergence of people, time and space.”

Altman, I. & Rogoff, B. (1987). World View in Psychology: Trait, Interactional, Organismic , and Transactional Perspectives. In D. Stokols & I. Altman (Eds.) Handbook of Environmental Psychology, 1. New York, Wiley & Sons.

Some implications of the ED hypothesis for social practice

- The change aimed at is **liberation** (bringing together the necessary conditions for overcoming the obstacle) and **no longer adaptation.**
- Change is **contextual**. Invariants exist only at the level of cognitive synthesis functions.
- The intervention deals **simultaneously with both the individual and structural conditions** necessary for overcoming the situation.
- Change is developed **based on already available skills**: “*Such as I am, I am in a position to initiate the change process that is my goal.*»
- Change is co-constructed and based on a **negotiation of sources of expertise.**
- The individual concerned is **the agent of change**. The social practitioner acts as a “**project partner.**»



How can we contribute to this liberation?

By supporting the development of personal and collective strategic empowerment (SED)

What is SED?

The concrete possibility of influencing or regulating elements in our daily lives that are important to us, our family or the community with which we identify.

In practice, how can we contribute to SED?

Every concrete process to support SED is based on the application of four main practice strategies:

- Adopting the “actor-in-context” as a unit of analysis

- Systematically taking into account the viewpoint of the individuals concerned in defining the problem and solutions that can be envisaged

- Conducting interventions based on context

- Adopting an awareness-raising action process

Adopting the “actor-in-context” as a unit of analysis



- ✉ Do I agree with the idea that social problems are complex realities that require structural changes as well as individual skills?
- ✉ Even if I agree “in principle,” does my practice deal as much with the concrete obstacles faced by the individual as with his/her efforts to change?
- ✉ Does my “discourse” with the individual reflect a subtle understanding of the latter’s role in the emergence or maintaining of the situation?

Involvement of individuals receiving help in defining problems and solutions



- ✉ Do I accept the idea that my expertise is important but partial and that I need the expertise of the individual I am helping in order to achieve the targeted change?
- ✉ In concrete terms, do I take individuals “as they are,” even though their definition of the problem appears to me to be “superficial” or “incomplete”?
- ✉ Can I give up an available solution because it is perceived as unacceptable by the individual?

Taking application contexts into account



- ✉ Do I agree with the idea that there is no valid solution independently of contexts?
- ✉ Am I sensitive to cases in which my intervention is less pertinent?
- ✉ When I am in charge of applying a program, am I willing to negotiate how the program will be applied based on the characteristics of the context or the profile of the individual I am helping?

Introducing an awareness-raising action process

Ninacs, (1995)



- ☒ **Collective awareness** (I am not the only one with the problem)
- ☒ **Social awareness** (individual or collective problems are influenced by the way society is organized)
- ☒ **Political awareness** (solutions are contingent on social change)

- ☒ Do I agree with the idea that it is important for the individuals I help to have a global understanding of what contributes to their difficulties?

- ☒ Does my practice include a dimension which contributes to this awareness?

- ☒ Am I willing to contribute, within my own context and means, to supporting actions aimed at producing change in my environment?

Is this approach applicable in current contexts of practice?

Is this approach centred on developing empowerment among individuals and communities really just a nice idea, a conceptual tinkering of past proposals, a generous perspective that is, however, not applicable in concrete terms?

The concrete application of this approach is contingent on a shift in professional posture

Posture

- Borrowed from the Italian postura “position, attitude”
- Moral attitude of a person. Synon. behaviour, (line of) conduct.
- Moral, political, social, economic situation of a person. Synon. condition, state, position.

<http://atilf.atilf.fr>

Professional posture

- Line of conduct, disposition of mind regarding the exercise of one’s profession



Why does SED-centred practice require the adoption of a specific professional posture?

Because the goal it sets involves an in-depth change of the identity bases traditionally associated with social practice

- ☒ Challenging the individual/environment dichotomy
- ☒ Redefining the bases of expertise
- ☒ Redefining the function of professional help in solving social problems
- ☒ Broadening the field of action and repertoire of roles (from specific support to strategic intervention)

Which professional posture would be most appropriate to the SED-centred approach?



Neither the police

Logic based on Workfare

Conditional help

Social control

Confined to a form of alienation:
Shouldering the responsibility to effect change over which one does not have complete control

Nor a saviour

All powerful influence of professional expertise

4 known iatrogenous effects

Stigmatization

Double victimization

Infantilization

Hyperdeterminism

A posture based on the archetype of «mover»

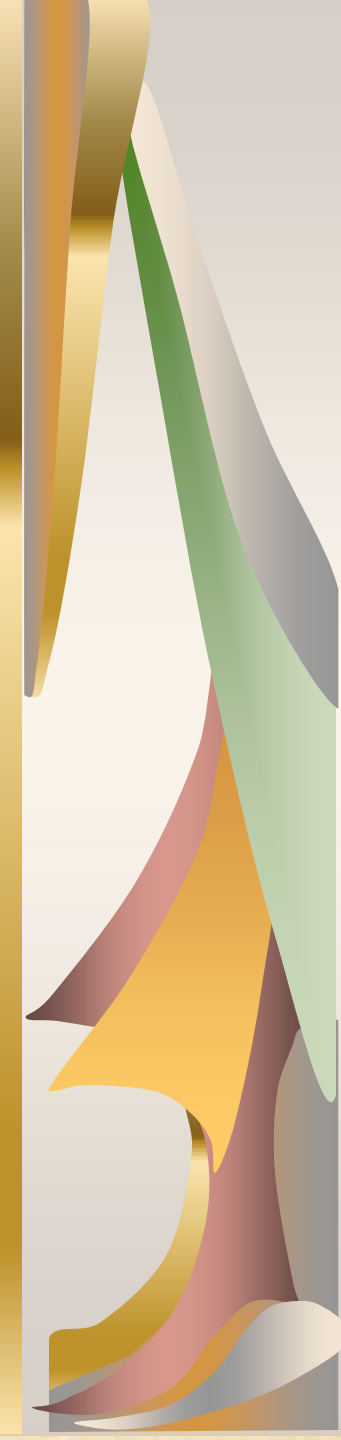
Strategic ally

Specific support

Takes action on both personal and structural components of the obstacle

Contributes to:

- Eliminating obstacles perceived to be a source of powerlessness
- Restoring development where it was interrupted
- Broadening the world of possibilities



Specific components of a professional posture compatible with an SED-centred approach

- ✉ A conception of professional help centred on producing change
- ✉ A conception of change centred on the negotiation of sources of expertise
- ✉ A conception of professional identity based on the notion of “resource-person”
- ✉ A conception of experiential expertise based on the notion of “co-constructing change”

A conception of professional help centred on producing change

Change that takes context into account:

What is possible?

Possible = viable = can be initiated based on already available personal and contextual resources.

Change that takes account of the dynamic nature of reality:

What is possible “here and now”

“**Here and now**” = given the current configuration of the situation.

Current configuration = does not require any change or prior time limit for the change process to be initiated.

A conception of change centred on the negotiation of sources of expertise

The negotiation consists in:

- ✉ Jointly determining the change that can be envisaged given the two sources of expertise.

The practitioner's expertise is based on:

- ✉ His/her skill in supporting change.
- **Supporting:** directly or indirectly optimizing the probabilities of success of *actions initiated by the individual* to obtain the desired change.
- **Carrying out change** = overcoming or eliminating obstacles standing between the current situation and the situation sought.

The expertise of the supported individual is based on:

- ✉ Knowledge of his/her own realities.
- **Realities:** set of strengths and limits which must be taken into account to ensure that the changes envisaged are viable.

A conception of professional identity based on the notion of “resource-person”

✉ Professional identity

- Conceptions of the self at work which bring into play relationships between personal identity and collective identifications (Tourmen, 2002). This conception is *dynamic* (Brown, 1997).

✉ Resource-person

- Actor who makes available knowledge (information, experience, skills, etc.) that is useful or necessary for achieving the change sought.

✉ Availability

- The nature and duration of this availability are continuously negotiated, taking the professional’s mandate into account.

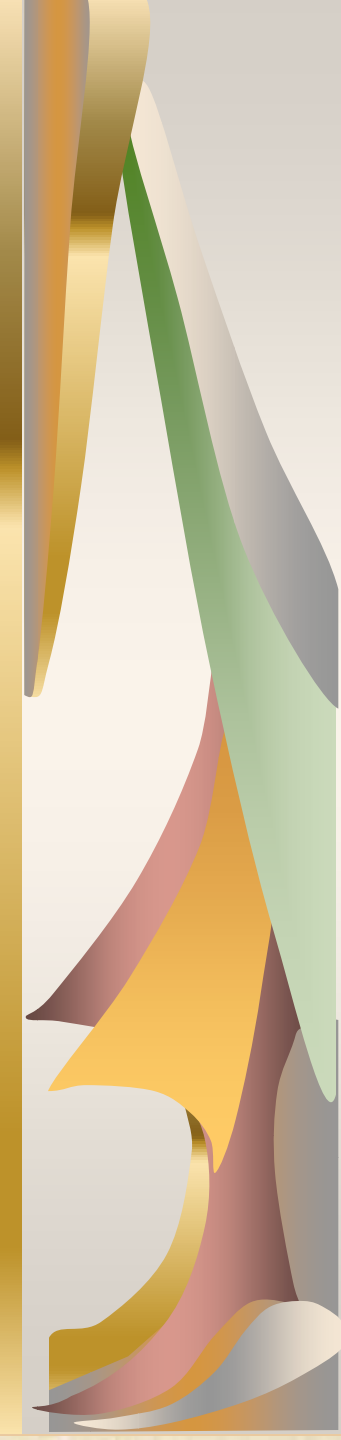
A conception of experiential expertise based on the notion of “co-constructing change”

✉ **Experiential expertise**

- Its legitimacy is based on the intrinsic and unique value of knowledge (knowledge of self, one’s environment, one’s culture, etc.) derived from the specific experience of each individual.

✉ **Co-constructing change**

- Contributes to determining the nature, intensity and type of change aimed at.
- Involves adopting a logic based on emerging change.



In what way does the SED Approach allow me to no longer experience real or perceived powerlessness in my daily practice?

By basing my professional mission on broadening the “world of possibilities” rather than on achieving an abstract goal.

In more concrete terms, by basing my sense of competence on the ability to restore movement where everything seems to be blocked rather than on managing people’s demands.

By concentrating my efforts on bringing together the conditions for change rather than taking on the responsibility for change alone.

By grounding my feeling of “being useful” on the archetype of mover rather than on that of saviour or the police.

By preventing the tendency to “think and act in circles,” in my own environment, wherever and whenever possible.

By encouraging my colleagues to use all possibilities to involve people and structures in changes that will benefit their own mental health and that of their community.

By becoming, where I am, a creator/practitioner, a force offering proposals for social practices in view of offering real opportunities for social change.

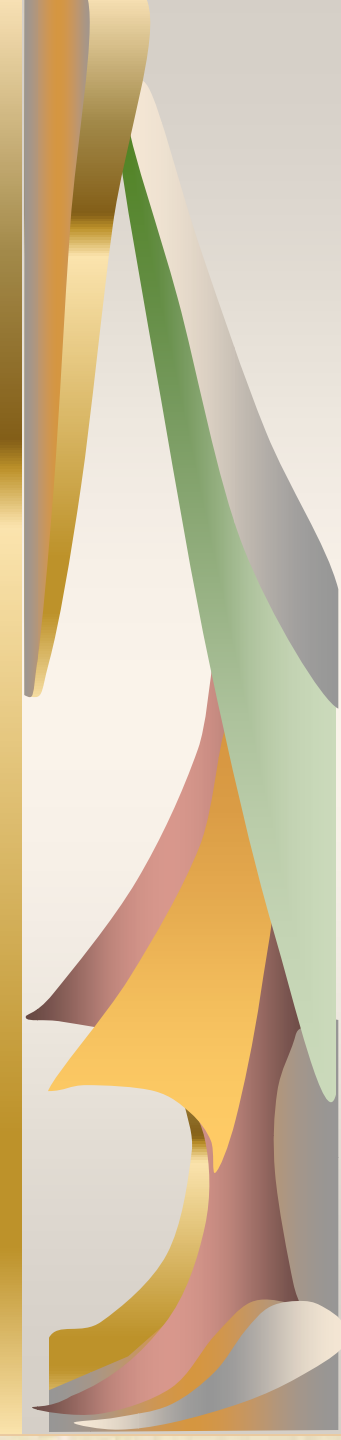
By contributing, in the ways that I can, to the collective organization of counter-proposals that can lead to the real liberation of the individuals I am helping.

Limits of the SED approach

- ✉ Changes take time to manifest themselves in a stable manner.
- ✉ This perspective is more difficult to apply in intervention contexts involving authority.
- ✉ This is not a blanket approach, specific models should be developed based on specific contexts.
- ✉ It is personally demanding.

Conclusion

- The idea of putting empowerment at the centre of the human condition is not new.
- However, it gains importance when it is put forward as a basis for all social policies and practices.
- Over the last 15 years, empirical and theoretical studies as well as action-research initiatives have made it possible to validate the potential relevance of the ED-centred approach.
- This presentation is based on the lessons drawn from these studies and offers conceptual and operational support for practitioners and trainers interested in this approach.
- In a way, it is an invitation to experiment with this approach in concrete terms in order to test its effectiveness.



Thank you for your attention!