Sustaining Personal and Collective Strategic Empowerment
A credible alternative?

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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 pressure on population groups not well prepared to face tough competitiveness.

- Labour force specialization, geographical mobility and higher expected performance have led to disqualification of sizeable part of population.

- Effects of economic marginalization are synergetic: individuals excluded from labour market facing rapid deterioration in living conditions and greater need for support.

- Increase in and continuous deterioration of situations in which social practitioners are required to intervene.

1. All individuals receiving a form of contribution in exchange for capacity to exhibit behaviours considered helpful.
Decrease in available resources

- Decline of Welfare State, national deficit reduction policies have led most Western countries to reduce their social services budgets.

- Medical conception of therapeutic treatment: intervention models based on logic of clarifying initial causes considered source of difficulties.

- New performance criterion for social practice: e.g. not really trying to eradicate unemployment but optimizing total economic productivity of population.

- Managerial control of suffering: disrupting working conditions of practitioners, challenging purpose of mission, methods and foundations of professional identity.
Models of practice under duress

- Practices initially designed to provide extensive case management.

- Conditions for application increasingly difficult in current context of budget restrictions and rationalization of services.

- Many professionals in a situation of responding to short-term “problem-solving” whereas trained in long-term case management.

- Socio-economic pressures, standardization of assistance procedures: social practitioners feel they are deprived of authority and resources.

- Relevance of approaches based on medical model recurrently questioned due to conceptions of professional help.
Towards necessary renewal of practices

With professional identity shaken, social work practitioners seeking renewed meaning in initial commitment by clarifying and reaffirming ethical, methodological and economic basis of actions.

Desire to take direct action on structural causes of suffering still intact. But resources now more difficult to obtain. And models of social action affected by rising power of economic liberalism.

Recurrent demand for alternative support models that respond adequately to new practice conditions by acting on structural factors that sustain difficulties.
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 excellence criteria considered guarantee of competency: logic of “best practices.”

But how are these best practices defined?

- According to the way developers in various fields of expertise conceive of helping function.
- Based on general conception of genesis of difficulties that lead to need for help.

To answer “What form of support should be promoted?,” first need consensus regarding “Why do people need professional help?”
The “need for help” is explained based on two main hypotheses

- **The deficiency hypothesis:** people’s difficulties are sole or main result of a deficiency. Need for help is direct consequence of this deficiency.

- **The “revolution” hypothesis:** people’s difficulties are sole or main result of pathogenic form of social organization. Need for help is direct consequence of this structural deficiency.

Let us closely examine these two options...
The deficiency hypothesis

- Self/non self relationship is unidirectional. Non-self is “given” which must be adapted to.

  **Competency**: Capacity to adapt “harmoniously” (requiring no change in established order).

  **Suffering**: Feeling of inadequacy, nonfulfilment (I should be different from what I am) induced by logic of adaptation.

  **Origin of suffering**: Innate or acquired, depending on approach.

  **Treatment**: Making up for deficiencies. Method varies depending on approach.

  **Criteria for success**: Disappearance of deficiency. Various indicators of adaptation.
Overview of problems posed by deficiency hypothesis

- Archetype of “normality” sustained by predominant social groups. Deviancy from norm is pathologized: “What I am is defined as a ‘health’ (social or mental) problem if I do not correspond to generally accepted profile of normality.”

- Not acting on contribution of social structure to suffering produces concrete form of alienation; individuals shoulder responsibility to effect change over which they do not have control.

- **Produces iatrogenic effects:**
  
  **Stigmatization**

  **Infantilization**

  **Hyper determinism**

  **Double victimization**
The “revolution” hypothesis

- Self/non self relationship is unidirectional. Self understood as component of group (“we”), a “given” based on which non self must be organized.
- **Competency**: Capacity to contribute to transformation of established order so that “we” can develop harmoniously.
- **Suffering**: Feeling of alienation, oppression (the world should be different from what it is) induced by logic of collective change as condition for well-being.
- **Origin of suffering**: Acquired through contradiction between collective living conditions and collective conditions for development.
- **Treatment**: Strengthening personal and collective capacities to transform social structures by pooling 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 “revolution” hypothesis

- Resolution of personal difficulties dependent on elimination of structural causes: postpones change. Individual situations continue to create suffering.
- Attributing suffering to inadequate collective living conditions: ignores hypothesis that an individual can contribute to difficulties.
- Integrating self into “we”: loss of specificity, restricts personal space for development to definition adopted by community: What “we want” includes only part of what I desire.
- Putting collective change before personal well-being (my desire must include desire of others): frames definition of problem and solutions.
- Hypercentering “treatment” on acquisition of collective participation skills: overlooks idiosyncratic dimensions of suffering (how I experience problem played down in favour of aspects of experience shared by group).
To sum up

In field of social practice, two main ways professional help is conceived:

- Based on prescriptive logic (definition of problem and solution partly and unilaterally preconstructed)
- Contain numerous iatrogenic effects: many practices partially harmful
- Confine individuals to unilateral professional case management (individual or collective)
- Limit potential for individuals to rely on experiential expertise to overcome difficulties.
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)

Based on this conception of suffering, we can hypothesize that professional help should include “empowerment” 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 significant elements in one’s daily life.
The Empowerment Hypothesis

Self/non self relationship is bidirectional: develops according to transactional logic based on particularity of contexts.\(^1\)

**Competency**: Possibility of “producing and regulating one’s life events.” 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**: Acquired through experiences leading to deterioration in relationship with action.

**Treatment**: Bringing together conditions for restoring relationship with action in contexts where not possible to “produce and regulate one’s life events.”

**Criteria for success**: Effective liberation from difficulties associated with deteriorated relationship with action. Can be concrete change or cognitive reframing, or both (usually both).

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

Some implications of Empowerment hypothesis for social practice

- Change aimed at is **liberation** (bringing together necessary conditions for overcoming obstacle) and **no longer adaptation**.
- Change is **contextual**. Invariants exist only at level of cognitive synthesis functions.
- Intervention deals **simultaneously with both 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 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 (SE)

What is SE?

A specific process, based on a strategic interactionism approach to create the concrete possibility of influencing or regulating elements in our daily lives.
In practice, how can we contribute to SE?

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

- Adopting “actor-in-context” as unit of analysis
- Systematically taking into account the viewpoint of individuals concerned in defining problem and solutions
- Conducting interventions based on context
- Adopting awareness-raising action process
Adopting “actor-in-context” as 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 awareness-raising action process


* **Collective awareness** (I am not only one with problem)
* **Social awareness** (individual or collective problems influenced by 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?

Or just a nice idea, a conceptual tinkering of past proposals, a generous perspective that is 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

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

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Why does SE-centred practice require adoption of specific professional posture?

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

* Challenging individual/environment dichotomy
* Redefining bases of expertise
* Redefining function of professional help in solving social problems
* Broadening field of action and repertoire of roles (from specific support to strategic intervention)
Which professional posture would be most appropriate to SE-centred approach?

Neither the police
Logic based on Workfare
Conditional help
Social control
Confined to form of alienation:
*Shouldering 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
  - Infantilization
  - Stigmatization
  - Hyperdeterminism
  - Double victimization

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A posture based on archetype of «mover»

- Strategic ally
- Specific support

Takes action on both personal and structural components of obstacle

Contributes to:
- Eliminating obstacles perceived to be source of powerlessness
- Restoring development where interrupted
- Broadening world of possibilities
Specific components of professional posture compatible with SE-centred approach

* Conception of professional help centred on producing change

* Conception of change centred on negotiation of sources of expertise

* Conception of professional identity based on notion of “resource-person”

* Conception of experiential expertise based on notion of “co-constructing change”
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 dynamic nature of reality:
What is possible “here and now.”

“Here and now” = given current configuration of the situation. Current configuration = does not require any change or prior time limit for change process to be initiated.
Conception of change centred on negotiation of sources of expertise

Negotiation consists in:

* Jointly determining change that can be envisaged given two sources of expertise.

Practitioner’s expertise based on:

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

Expertise of supported individual based on:

* Knowledge of his/her own realities.
  
  - **Realities**: set of strengths and limits taken into account to ensure that changes are viable.
Conception of professional identity based on notion of “resource-person”

* **Professional identity**
  - Conceptions of self at work 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 change sought.

* **Availability**
  - Nature and duration of availability continuously negotiated, taking professional’s mandate into account.
Conception of experiential expertise based on notion of “co-constructing change”

* Experiential expertise
  - Legitimacy based on intrinsic and unique value of knowledge derived from specific experience of each individual.

* Co-constructing change
  - Contributes to determining nature, intensity and type of change aimed at.
  - Involves adopting logic based on emerging change.
How does SE Approach allow me to no longer experience real or perceived powerlessness in my daily practice?

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

By basing my sense of competence on ability to restore movement rather than managing people’s demands.

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

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

By preventing 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 a creator/practitioner offering proposals for social practices to create real opportunities for social change.

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

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Limits of SE 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 centre of human condition is not new.

- However, it gains importance when put forward as basis for all social policies and practices.

- Over last 15 years, empirical and theoretical studies and action-research initiatives have made it possible to validate potential relevance of SE-centred approach.

- This presentation is based on lessons drawn from these studies and offers conceptual and operational support for practitioners and trainers interested in this approach.

- It is an invitation to experiment with this approach in concrete terms to test its effectiveness.
Thank you for your attention!