Empowerment: the holy grail of health promotion?

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SUMMARY

Potentially, empowerment has much to offer health promotion. However, some caution needs to be exercised before the notion is wholeheartedly embraced as the major goal of health promotion. The lack of a clear theoretical underpinning, distortion of the concept by different users, measurement ambiguities, and structural barriers make 'empowerment' difficult to attain. To further discussion, this paper proposes several assertions about the definition, components, process and outcome of 'empowerment', including the need for a distinction between psychological and community empowerment. These assertions and a model of community empowerment are offered in an attempt to clarify an important issue for health promotion.

Key words: community health; community organization; empowerment

INTRODUCTION

Health promotion advocates have not well articulated what exactly is meant by ‘empowerment’ in the health promotion context, and the ambiguity surrounding the concept is a major stumbling block for the field. Being practical and problem-oriented, and largely atheoretical, health promotion (and public health) tends to borrow somewhat haphazardly from more theory-based disciplines such as political science, psychology and sociology (Bunton and Macdonald, 1992). As a result, theory laden terms are used in health promotion without considering the tradition behind these terms—empowerment being one of the latest in fashion.

For example, a majority difficulty for the development and application of empowerment theory in health promotion has been the lack of clarity regarding the focus of empowerment (Tones, 1984a, b, 1992). The dynamics of individual psychological empowerment are very different from those of political action and community empowerment, and the difference has implications for health promotion practice.

This paper proposes that a distinction be made between psychological empowerment and community empowerment, where psychological empowerment is considered at an individual level, and community empowerment is considered a collective phenomenon but including a psychological component. This distinction is discussed below. The paper is organized in four main sections. First, the major obstacles to the wholesale use of empowerment in health promotion are considered. Second, the diverse literature is reviewed for agreement on what empowerment constitutes. Third, the process of empowerment is explored and a model of psychological and community empowerment presented. Finally, issues for health promotion are discussed, and some assertions made for discussion.

OBSTACLES TO ‘EMPOWERMENT’ IN HEALTH PROMOTION

A closer look at the literature on empowerment reveals some major obstacles to its wholesale use in health promotion. Primarily, empowerment
still lacks a clear theoretical underpinning with key elements articulated and supported by research findings.

This absence of theory and definition in a health promotion context has no doubt contributed to the fact that empowerment has often been discussed but not been well quantified or measured. Virtually all the major writers about empowerment lament this deficit, except Rappaport (1987) who argued that empowerment could not be measured, but could only be considered case by case in its own unique context. Unfortunately for health promotion advocates skirmishing with medical epidemiologists and hospital administrators over resources, an inability to document positive (or negative) impacts associated with 'empowerment' is a serious drawback.

The lack of a clear concept and definition of empowerment also allows for the misappropriation of the term. Grace (1991) argues that empowerment is the health establishment's response to community demands for increased control over their own health, and that approaches that aim to empower communities mask a priori controlling attempts by health professionals. Health promotion is essentially bureaucratically based (Stevenson and Burke, 1992) and, therefore, represents some form of authority, so that vigilance must be exercised against using empowerment strategies in top-down disempowering ways. Some critics question whether empowerment is possible in situations where power is bestowed to those without power, without addressing the structural inequality of power represented in this interaction. According to Gruber and Tricket (1987) there is a fundamental paradox in the idea of people empowering others because the very institutional structure that puts one group in a position to empower also works to undermine the act of empowerment'.

Swift and Levin (1987) argued that there is nothing in the psychological definition of empowerment that requires the increase of power of one group to decrease the power of another group, and that power does not have to be seen as a zero-sum commodity, but as a 'win–win' situation. Whilst this may be true in a psychological sense, it does not apply in a political sense where resources are scarce. It is unlikely that entrenched groups will relinquish control of resources without some degree of conflict (Baum, 1990). Swift and Levin did conclude that empowerment programs directed at system-change will be extremely difficult to implement in western capitalist cultures that subscribe to the zero-sum concept of power.

Health promotion needs to address these obstacles before empowerment is widely used as the yardstick by which health promotion judges itself. The following section reviews the empowerment literature, and builds the case for distinguishing between psychological and community empowerment.

**Evolving Definitions of Empowerment**

There are a few concepts in health promotion with as much potential as that termed 'empowerment'. It embodies the *raison d'être* of health promotion, 'the process of enabling people to increase control over, and to improve their health' (World Health Organization, 1986) and arguably should be a major goal of every health promotion program (Braithwaite and Lythcott, 1989; Breslow, 1992). Unfortunately, it is also a greatly abused term, with many papers from a range of disciplines describing programs asserting the empowering nature of projects (e.g. McKay et al., 1990; Fleury, 1991; Pizzi, 1992; Lower et al., 1992) without appearing to consider what empowerment means or entails.

Empowerment is a complex notion, borrowing from many bodies of literature. It is an idea shown to be rooted in the civil rights and women's movements, the 'social action' ideology of the 1960s, and the 'self-help' perspectives of the 1970s (Kieffer, 1984; Eng et al., 1992). Promoted in the 1980s as a principal theory of community psychology (Rappaport, 1981; Rappaport et al., 1984; Rappaport, 1987), empowerment was significant for community psychology in that it acknowledged the person as a 'citizen' within a political as well as social environment. In the 1990s it can be seen as part of the growing general movement towards greater control by citizens in many areas of life, including medicine (Illich, 1976), health education (Brown and Margo, 1978), the self-help movement (Rappaport, 1985), the physical environment (Auer, 1989) and nursing homes (Kari and Michels, 1991).

Rappaport (1981, p. 15) described the aim of empowerment as 'to enhance the possibility for people to control their own lives'. No distinction was made between 'people' as individuals or collective groups. Similarities with the World Health Organization (WHO) (1986) definition of
health promotion are obvious. Since 1981 the definition has altered slightly to reflect the notion that empowerment must come from within a group and can not be given to a group or community. More recent definitions capture this aspect:

Empowerment is viewed as a process: the mechanism by which people, organizations and communities gain mastery over their lives (Rappaport et al., 1984);

A process through which people become strong enough to participate within, share in the control of and influence, events and institutions affecting their lives (Torre, 1986);

Psychological empowerment may be generally described as the connection between a sense of personal competence, a desire for, and a willingness to take action in the public domain (Zimmerman and Rappaport, 1988);

The ability to act collectively to solve problems and influence important issues (Kari and Michels, 1991);

A social-action process that promotes participation of people, organizations and communities towards the goals of increased individual and community control, political efficacy, improved quality of life and social justice (Wallerstein, 1992).

The more recent definitions begin to reflect an important distinction made by Swift and Levin (1987) between the subjective experience of psychological empowerment and the objective reality of modified structural conditions for the purpose of reallocating resources. As will be argued below both of these components are necessary for community empowerment, although a distinction should be made between psychological empowerment and community empowerment.

It is important to make this distinction. Psychological empowerment can be defined as a feeling of greater control over their own lives which individuals experience following active membership in groups or organizations, and may occur without participation in collective political action. Community empowerment includes a raised level of psychological empowerment among its members, a political action component in which members have actively participated, and the achievement of some redistribution of resources or decision making favorable to the community or group in question. An increase in a sense of psychological empowerment does not need to be at the expense of others. It might be expected that groups with actual control over resources have a high level of reported psychological empowerment, although the reverse is not necessarily true. Groups with high levels of reported psychological empowerment may not have much control over resources.

THE PROCESS OF EMPOWERMENT

Several recent reviews have identified the work of Saul Alinsky, Paulo Friere, and Jack Rothman as the intellectual and practical basis of the concept of community empowerment (Swift and Levin, 1987; Wallerstein and Bernstein, 1988; Gibson, 1991; Fahlberg et al., 1991; Eng et al., 1992; Wallerstein, 1992). Looking at the descriptions of empowerment provided in the literature, it seems that a common process of personal development, participation, consciousness raising and social action is evident. A few key examples are summarized below.

Kieffer (1984) studied 15 grassroots citizen leaders of community organizations and looked at the process by which these people became psychologically empowered. He identified four stages in the empowerment process. The first, the 'era of entry' covers the initial tentative exploration of authority and power. The second stage, the 'era of advancement', is characterized by a mentoring relationship and supportive peer relationships, where dialogue and mutual problem solving contribute to an increase in critical understanding. The third stage, the 'era of incorporation' covers the development of organizational and political skills and confronting activity. The fourth stage, the 'era of commitment' is a time of integration of these social actions into the reality and structure of everyday life.

Torre (1986) proposed that there were three essential components of community empowerment, micro factors [referring to intra-personal aspects such as developments of self-esteem and self-efficacy (Bandura, 1982, 1986)], mediating structures [referring to the group mechanism whereby members through their active participation shared knowledge and raised their critical consciousness (Friere, 1973)], and macro factors (referring to the social and political activities). According to Torre, unless all three components are present then community empowerment cannot occur. For example, in circumstances where community self-help groups are formed for the
purpose of increasing self-efficacy or self-esteem, no matter how much the group members participate in the process, there could not be community empowerment unless there was a social action component addressed at increasing the power of the group. Participants could experience an increase in psychological empowerment in this example.

Swift and Levin (1987) proposed a three stage model from a class consciousness perspective, where each stage was a pre-requisite for the next. According to this view, to become empowered a person would first reach some critical consciousness of their powerlessness. Second, this person would feel strongly about this inequity, and through social interaction begin to feel comradeship with like-minded persons. Finally, the group would then engage in deliberate action addressed at changing the social conditions creating the powerlessness. The combination of all three stages are needed for community empowerment (Swift and Levin, 1987).

Community organization and community development are closely related to the process of community empowerment. Minkler has comprehensively described the principles of community organization (Minkler and Cox, 1980; Minkler, 1990, 1992). Chavis and Newbrough (1986) essentially equate community development with the process of psychological and community empowerment. In many ways it would seem that community development or organization are the means by which communities or groups might become empowered, perhaps with the assistance of an organizer who facilitates this process. Therefore, the community health development continuum, developed almost simultaneously on two continents (Jackson et al., 1989; Labonte, 1989a, b), is a useful schema for representing the community empowerment process. The potential of community empowerment is maximized as the focus shifts from the individual to collective social action (see Figure 1), although the process need not be simply linear with one stage automatically following the other.

The process of community empowerment begins with an assumption that a power deficit or an unattended social problem exists, despite the presence of some competencies. By contrast, an empowered community logically should include groups of individuals who have a raised sense of empowerment. Psychological empowerment may require some individual personal development, such as increases in self-esteem or self-efficacy (Bandura, 1982), at least to the point where that individual is willing and able to join a group and function effectively within it.

Joining mutual support, self-help or action groups, builds and expands social networks and provides an opportunity for a personal mentor (Kieffer, 1984) or group to support a personal development process. At the same time, individuals may become critically aware of how political structures operate and affect them and their groups, or this critical consciousness raising may occur through participation in a group or other mediating social structure. Participation in and influence of a group or organization is an important stage of both psychological and community empowerment (Green, 1986; Florin and Wandersman, 1990). It is often the means by which people learn skills which they may then be able to transfer to other situations (Wandersman, 1981), and how communities develop their problem solving capacity (Batten, 1967).

Participation in collective action is also fundamental to the successful redistribution of resources, which is necessary before a community or group can be said to be empowered. The emphasis on community action as a core component of community empowerment (Brown, 1991) is also consistent with the principles of health promotion (Miner and Ward, 1992) and voluntary organizations (O’Connell, 1978). Issues

<table>
<thead>
<tr>
<th>Personal development</th>
<th>Mutual support groups</th>
<th>Issue identification and campaigns/community organization</th>
<th>Participation in organizations/coalition advocacy</th>
<th>Collective political and social action</th>
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--- psychological empowerment deficit

Community empowerment ---

Fig. 1: Conceptual stages of community development for maximizing community empowerment potential (adapted from Jackson et al., 1989; Labonte, 1989a, b)
being addressed by the group or community should be or have been identified by the group. Ideally, the outcome of the community empowerment process is a greater degree of psychological empowerment among community members than before the process, and an actual increase in control over resources.

Another concept which has been linked to community empowerment is 'sense of community' (Wallerstein, 1992). A theory of the concept of sense of community expanded by McCillan and Chavis (1986) and Chavis et al. (1986) has been linked to an increase in participation in block organizations (Wandersman and Giamartino, 1980; Florin and Wandersman, 1984) and political participation (Davidson and Cotter, 1989), such that an increase in sense of community leads to an increase in participation (Chavis and Wandersman, 1990) and problem-focusing coping behaviors (Bachrach and Zautra, 1985).

In the broader sense of the word ‘community’ (for example, a professional community of scientists), a community and its cohesiveness seems to have some parallel with group cohesiveness. Indeed, the words ‘community’ and ‘group’ are often used interchangeably in the community psychology literature. Pressure to conform in groups or communities may be the mechanism by which groups exert influence on members to participate and act socially, although McMillan and Chavis (1986) acknowledge that community members also are attracted to communities where they feel they are influential and that these forces operate concurrently.

A visual representation of the preceding discussion of the components of community empowerment is presented in Figure 2. It can be seen that the process of psychological empowerment is enhanced by the sense of community, and that psychological empowerment plus collective political or social action plus an actual increase in control over resources (to some degree) constitute community empowerment.

**ISSUES FOR HEALTH PROMOTION**

**How does empowerment relate to health?**

While there is no specific research documenting an increase in a psychological state of empowerment leading to improvements in physical health, there is ample evidence that groups without power, or who reported feeling powerless, experience worse health. However power is measured, those with more power are healthier (Smith, 1990; Labonte, 1992). Wallerstein (1992) cites some evidence that social support contributes to health in a non-specific way, and it is conceivable that the psychological state of empowerment may effect physical health in the same way. From a mental health perspective, individuals or groups reporting increased levels of psychological empowerment is the goal of community psychology.

Community empowerment offers possibilities for demonstrating direct physical health improvements through the effects of structural changes achieved through collective political action. However, consequences of community empowerment may not be attributable to specific components. It may be the synergy of components that leads to possible health gains. Also, it is not yet possible to determine what degree of control over resources.
(resources might be necessary for health improvements, and whether new or more resources are necessary, or whether mobilizing existing resources is sufficient.

**Process or outcome?**

It has been generally assumed that 'empowerment' is both a process and an outcome. When the distinction is made between psychological and community empowerment it is readily seen that both are an outcome, although a process of personal and community development operates simultaneously to lead to a psychological sense of empowerment. As discussed above community empowerment includes the state of psychological empowerment, as well as some change in the structural environment (social action may be successful in varying degrees). At this time there are no clear criteria for determining what degree of psychological empowerment has been attained and, therefore, how empowered a community may have become. Assessing changes in the socio-political environment, as recommended by Wallerstein (1992) and Zimmerman (1990), to evaluate community empowerment is also not yet well developed (Bunton et al., 1991).

**Individual or group phenomena?**

If one accepts that all three components of community empowerment are necessary before a process can be said to have been empowering for a group or community, then the process and outcome of community empowerment must be a group phenomenon, not an individual one. This also applies to psychological empowerment. Typically, if an individual felt in control of him/herself, participated in a group of some kind and performed a political action that person would be considered to be empowered. However, this hypothetical individual performs these actions within a social and group context, and is dependent on others. If one person were to benefit at the expense of others, the process could hardly be said to be empowering!

Community leaders often contribute a great deal toward community empowerment, and receive some personal rewards in the process (Rich, 1980). In circumstances where individual leaders are socially or politically active they would also be traditionally thought of as empowered, but it should be remembered that they are representationally powerful, i.e. are powerful because they represent a group of supporters, and are dependent on this support.

**Generalizability and maintenance**

To expect a psychological state of empowerment generated from activity on a single issue to transfer to all areas of life leading to better health seems optimistic. The ability to transfer skills learned during an empowering process may contribute to greater power in another life domain, but there is no particular reason why the psychological state should transfer. Also, once a certain level of psychological empowerment is achieved there is no reason to expect that it should remain at that level.

With regard to community empowerment, it seems possible that a group may be empowered on one issue, but not another. Therefore, the degree of empowerment may vary depending on the issue being considered. This suggests that community empowerment is topic specific. The more issues in which a given group has influence or control of resources, the more powerful that group or community is likely to be. However, circumstances may change such that the group experiences a setback, even though the level of resource control achieved is unaltered. Groups that pay attention to group maintenance issues and sub-production systems (achievement of tasks and objectives) increase their prospects of longer-term viability (Prestby and Wandersman, 1985).

**Special populations?**

Different sub-groups, such as children (Kalnins et al., 1992), isolated rural communities (Hughes, 1987; Jenkins, 1991) and the chronically poor and homeless (Winkle and Ward-Chene, 1992), are particularly powerless or dependent on others and so present significant barriers for community empowerment. On the one hand, these are exactly the groups with the largest empowerment deficit, but also the groups with the most barriers to empowerment. Such special populations may require more active encouragement to work towards psychological and community empowerment, by establishing frameworks that at least set the process in motion, and support it to some degree (Jenkins, 1991).

**What is the role of the health promoter?**

'Enabling' people to increase control over their health suggests some action on behalf of the health professional. But 'taking over' any community development activity is the antithesis of any empowering process (Batten, 1967). The
The major contribution of health promoters is, then, one of facilitation not direction. Health professionals might contribute to the process by encouraging and supporting community initiatives, and the establishment of infrastructure and systems which promote political activity. Efforts within mediating structures, perhaps in a mentoring role or by building membership or maintenance activities, while not reported as the most personally rewarding of tasks (Revenson and Cassel, 1991) may contribute a great deal. Professionally initiated projects may become empowering if communities or groups can organize themselves and act politically to take control of the effort.

CONCLUSIONS

Several proposals have been asserted in this paper. They are summarized here.

1. There is an important distinction between psychological empowerment and community empowerment. Psychological empowerment is a feeling of greater control over their own lives which individuals experience through group membership, and may occur without participation in collective political action. Community empowerment includes a raised level of psychological empowerment among the community members, a political action component in which members have actively participated, and the achievement of some redistribution of resources favorable to the community or group in question.

2. Both psychological and community empowerment are an outcome, although processes of personal and community development operate simultaneously to contribute to the attainment of a psychological sense of empowerment, and participation in collective political action.

3. An increase in the control over resources (the attainment of actual power) or a positive change in the socio-political environment, plus an increase in the reported level of psychological empowerment are the appropriate end-points for evaluating an empowerment program.

4. Community empowerment is a group phenomenon and does not refer to individuals.

5. Community empowerment through the synergy of its critical components is related to physical health in a non-specific way.

6. A change in the level of psychological empowerment or control over resources for one issue is unlikely to transfer to other areas. Therefore, both psychological and community empowerment are topic specific.

For work in the area of community empowerment to proceed, common use of terms and language would make communication easier. Common understanding of the theoretical background of the construct, keeping clear the distinction between psychological and community empowerment, and including all the critical components of community empowerment when using the concept might avoid loose usage of the term. Consideration of the disciplinary history of concepts used in health promotion might assist common understanding (Bunton and Macdonald, 1992; Nutbeam, 1986).

Better quantification of the psychological empowerment construct and means of assessing changes in the socio-political environment should be a high priority for health promotion research. Better quantification would also allow better study of the relation of empowerment to health measures. Longitudinal studies are also needed, looking not only at end-points, but at the process and elements necessary for achieving community empowerment. Funding agencies will need to be convinced of this necessity.

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