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Re-defining Empowerment in Mental Health: The Connection to 'Power to'

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What do we mean when we talk about the 'empowerment' of people with a diagnosis of mental illness? Do we mean giving people a greater sense of their own personal power, as when Chamberlin and Schene said that empowerment includes 'a feeling that the individual can make a difference' (Chamberlin and Schene 1997). Is empowerment a feeling? This seems to be what Zimmerman is speaking about when he says that at an individual level, psychological empowerment includes 'beliefs in one's competence' (Zimmerman 2000: 46). How does such a usage of the term connect with the concept of power? Where is the increase in social, political or discursive power that comes about through this change in a belief about oneself?

On the other hand, if we want to use empowerment to refer to an increase in structural power, do we mean giving service users more control over the services? This seems to be what people like Barnes and Bowl mean when they say that empowerment involves "a shift in the nature of the relationship between those who provide and those who receive services" (Barnes and Bowl 2001: 18), and it is certainly what Salzer means when he says that empowerment at the organizational level is the "transfer of power from the traditionally powerful to everyone else in the organization" (Salzer 1997: 429, citing Cornwall and Perlman 1990). From the perspective of a service user, it also seems to be what Beresford and Croft mean when they say that empowerment is about "[m]aking it possible for people to exercise power and have more control over their lives..." (Croft and Beresford 1995: 62). These are two of the common ways that people use the term empowerment. Sometimes they refer to individuals gaining self-confidence, skills and competencies; and sometimes they refer to the transfer of power from the powerful to the powerless.

I want to suggest that both of these ways of using the term 'empowerment' are inaccurate because they fail to connect the term to an appropriate concept of power. It doesn't make sense to say that empowerment is giving people authority in organizational decision-making, if you understand where the power to make decisions comes from. And it doesn't make sense to call increasing people's self-confidence, self-esteem, sense of self-efficacy and skills empowerment, if you want to maintain a connection between socio-political and discursive power and 'empowerment'.

Angus Stewart has argued that there are two senses in which the term power is used – one he calls 'domination' and the other, he calls 'power to' (Stewart 2001). Domination (or 'power over') is the meaning that tends to be used when most people talk about power in mental health. They talk about:

- the power that psychiatric professionals have under the law because they can determine if a person is going to be involuntarily detained in hospital, or given medication or ECT without her/his consent. I call this 'coercive power' because it involves force or the threat of force.
- The power that professionals such as psychiatrists have because they are in positions of authority – they are in the position of Clinical Director of a service, and so they 'hold' power to make decisions about how the mental health services are run and about what treatments a person will be given.
- The power employed by staff in acute wards when they are regulating, supervising and monitoring the behaviour of people with a diagnosis of mental illness. Here I am referring to the way that the daily activities of a person in the ward are organised for her/him by the regime of the hospital; how the spaces that the patient is allowed to move in and out of are determined for her/him; or how the psychiatric nurses observe the patients from the nurses' station. This can be called 'disciplinary power', after Foucault (Foucault 1977).
- Finally, there's the type of power that operates in so far as society defines what hearing voices or being in emotional distress or feeling panicky means – that hearing voices or experiencing long-term emotional distress is an illness. This is a more subtle form of power – it is difficult to pin down who is exercising it – but there is evidence of its operation. For example, the Irish Government's recent policy document *A Vision for Change* continues to refer to people with on-going emotional distress or mental experiences as those with 'severe and enduring mental illness', even though the document never defines 'mental illness' (Department of Health and Children 2006). Perhaps more importantly, the Mental Health Act, 2001 defines 'mental disorder' and uses this definition as the grounds upon which someone can be involuntarily detained and forcibly medicated. While in both cases it may not be possible to pin down the power to define to a single person, nevertheless, various people who were assigned different tasks were involved in making the decisions on definitions to be used. In the case of *A Vision for Change,* the Steering Committee had to approve the text of the entire document, and therefore is accountable for the continued usage of the term 'severe and enduring mental illness'.
  In the case of the Mental Health Act, 2001, civil servants drafted the legislation and this drafting was first approved by the Minister and then voted on by Ireland's parliament, the Oireachtas – so all of these individuals, from their positions of designated authority, are implicated in the decision to use a definition of 'mental disorder' as the basis for the Mental Health Act, 2001.

All of the above operations of power exhibit ways that people other than those with direct experience control or define that experience of hearing voices, feeling

differently, or behaving differently, and therefore fit in Stewart's category of 'domination' or 'power over'.

Now, none of this should be unfamiliar to you. But what is often not understood is, in particular, where this 'power over' comes from. How does an individual or group gain the power to make decisions, to discipline others and to define their experience? One theorist in particular has argued that the power of authority, the power to control decisions and Governments, is only made possible through another type of power - 'power to'.

According to Hannah Arendt, power is about people coming together to take social action.

> In distinction to strength, which is the gift and the possession of every man in his isolation against all other men [sic], power comes into being only if and when men [sic] join themselves together for the purpose of action, and it will disappear when, for whatever reason, they disperse and desert one another (Arendt 1965:173).

'Power to' can be defined on this basis. Most importantly, 'power to' explains how power is created and grows. It explains how power structures change because it explains where new power comes from. 'Power to'

- is what happens when people come together to take action to change society
- involves acting for a political purpose – that is, acting to change relations of power or power structures
- grows through taking action – it doesn't grow through thought alone
- requires people coming together, so it always involves connecting with other people. Power can't be created in an individual.

(Based on Arendt 1958, 1965 and 1972)

To this basic definition, I would highlight two further elements. Power comes into being through action, and Arendt claims that action concerns the freedom to start something new in the public realm. One of Arendt's examples of this process is the establishment of town assemblies in America before the American Revolution. These assemblies were a new form of governance, a modern model of direct democracy. For Arendt action was essentially political – it concerned starting a new political structure. However, I utilise Axel Honneth's concept of 'struggles for recognition' to define action in a way more relevant to mental health survivors/service users. According to Honneth, struggles for recognition are concerned with both "the legitimacy of existing social norms and the introduction of new ones" (Honneth 1991: 270). If it is accepted that 'power to' is about establishing something new in the public realm, then one can draw upon Honneth's conception of social struggles for recognition to suggest that 'power to' occurs where individuals come together to make collective demands for recognition by society. In the case of mental health service users and survivors,

such struggles involve making claims for the legitimacy of emotional expression in the public realm, and making claims for the 'normalcy' of emotions and alternative ways of experiencing the world.

So 'power to' also

- grows where a group makes public claims for their recognition, and
- establishes something new in the public realm – a new way of living, a new structure for how decisions are made, or a new social value

So what does this all mean for empowerment? We often think of empowerment as meaning giving power to people. Based on Arendt's conception of power, we can understand why power cannot be given – it can only be taken by a group that develops its own power. So people who hear voices or behave differently or feel depressed cannot be empowered by someone giving them power. It's not just a matter of doctors or nurses giving power over to their service users. Since power only grows where people come together to make a public claim for their rights, respect and recognition, people with a diagnosis of mental illness will only become empowered when they come together to develop their own power. And this can also help to explain why service user involvement has not resulted in the empowerment of people with a diagnosis of mental illness in society. Through involvement in the mental health services, service users have been given some low levels of authority within the services, but this has not been underpinned by their wider social, political and discursive empowerment.

Secondly, empowerment for people with a diagnosis of mental illness will occur when they act together in public – when they speak up at public meetings and in the media. MindFreedom Ireland has done this recently by speaking about the adverse side-effects of psychiatric pharmaceuticals to the Oireachtas Joint Committee on Health and Children. Through speaking out in public against the over-use of pharmaceuticals, from a voice heavily-laden with personal experience, MindFreedom has increased the power of the service user/survivor community in Ireland. This is a good example of empowerment.

Thirdly, empowerment in mental health will occur when service users and survivors make public demands that their way of experiencing the world is valid. For example, the Hearing Voices Network makes the claim that voice hearing should be viewed as an acceptable way to live. Such an empowerment could also be about people who are emotionally expressive establishing a new acceptance for this expressivity in the public realm. Can we imagine creating workplaces where it is okay to express our emotional reactions to work – where we don't have to go around with the façade of a stiff upper lip? Empowerment will occur when both hearing voices and being emotionally expressive are considered socially acceptable, and when we establish the space within social and political structures to express these ways of experiencing the world.

Gaining 'Power to' versus Gaining 'Power Over'

It is understandable why people who have been the subjects of the mental health system have focussed on gaining control over services in seeking their empowerment. The congealed power relations instantiated in the mental health system have been rightly identified by service users as a target for action. The definitions of empowerment from the perspective of people with experience of the mental health services show that for them, empowerment is indivisibly linked to gaining control over resources and decision-making. Chamberlin and Schene's definition, derived from service user research, included "having choices" and "having decision-making power". The authors pointed out that unless users have the opportunity to make decisions over their own lives, they cannot become independent (Chamberlin and Schene 1997: 3). Croft and Beresford's definition specified empowerment as, "[m]aking it possible for people to exercise power and have more control over their lives...It also means being able to share power or exercise power over someone else, as well as them exercising it over you" (Croft and Beresford 1995: 62). More recent discussion in New Zealand reiterates service users' desire to have authority over the mental health system. Gordon reports on how a recent service user policy document envisages users taking up a 'leadership' as contrasted with a 'participation' position within the services. Key elements of service users' vision are that people with a diagnosis have "control and leadership" which includes that they "collectively take a lead in: the development of national policy; the development of standards; guidelines and outcome measures; governance of services; planning and funding service delivery; education; research; auditing and monitoring (Mental Health Commission 2004, quoted in Gordon 2005: 364-365). It is evident, then, that the desire to gain control over the services has been a consistent theme in user discussions of their own empowerment.

While my discussion of collective empowerment above has demonstrated that empowerment must always involve the generation of new power through collective concerted action, this claim is not intended to negate the importance of redressing the structured power imbalances in the mental health system. Rather, the point is that such transfers of 'power over' must be rooted in 'power to', in the developed capacity of a group to engage in concerted action. In other words, the power of authority must be founded on political power. The element of collectivity identified in the New Zealand users' vision of 'leadership' relates back to this socio-political vision of empowerment. The conclusion to be drawn from both power theory and practical experience is that redressing power imbalances within the services requires the generation of new power by service users. It is not, then, an either/or proposition. It is not a question of choosing whether to focus on redressing power imbalances or on generating new power. Rather, in order to gain power within the services, it will be necessary for service users to generate their collective socio-political and discursive power. The necessity for such an approach is supported by experience in the UK, where despite increases in user participation, practices of tokenism and persistent power imbalances have been common (Wallcraft, Read and Sweeney 2003). The consequence of not having an empowered social movement of users in the UK has been a deterioration in the social status of people with a diagnosis of mental illness:

> The great irony about service user action in the past 15 years is that, while the position of service users within services has undoubtedly improved, the position of service users in society has deteriorated (Campbell 2001: 88).

I believe that the theoretical framework for empowerment I have defined above, which locates empowerment in a socio-political and discursive concept of 'power to' can explain Campbell's paradox. One reason that service user involvement in the UK has failed to improve the social position of service users is that through user involvement, the service user/survivor 'movement' has been focussed on gaining 'power over', rather than being focussed on gaining their social, political and discursive power ('power to'). Service users have thereby failed to create the power base which would support their positions of (limited) authority, and this has led to tokenism.

Adopting a 'power to' basis for empowerment also means that empowerment is not about giving people self-confidence, self-esteem, a sense of their own self-efficacy or giving them new skills. So what are these processes then? And what relationship do they have to empowerment? Arendt has argued that processes which relate to the individual are not about power – they are about strength. Arendt defines strength in the following text:

> *Strength* unequivocally designates something in the singular, an individual entity; it is the property inherent in an object or person and belongs to its character, which may prove itself in relation to other things or persons, but is essentially independent of them (Arendt 1972: 143).

I would suggest, then, that it is strength, not power, which is being developed when individual self-efficacy and self-confidence are the focus. While strength may also develop in the process of empowerment, as individuals participate in collective action and develop their individual skills, knowledge, and sense of self, these processes related to the individual are not the same as empowerment, which always relates to groups. Mullender and Ward recognised the distinction by calling this coincidental personal development the 'secondary advantage' of empowerment (Mullender and Ward 1991: 13). Whether it is a pre-requisite, a correlate or a consequence, I would agree with Mullender and Ward that such increases in personal skills and confidence are not the same as empowerment. Rather, in Arendtian terms, what is increased in these instances is personal strength.

The confusion between individual strengthening and empowerment as a social process is not a benign problem of semantics. The conceptual confusion has led to the "surreal quality to a mental health system that espouses a focus on enabling autonomy and quality of life in the community, while simultaneously debating forced treatment in the community" (Clark and Krupa 2002: 345). If the mental health system was enabling the social empowerment of mental health service users in the community, this paradox would not exist.

The Role of the Ally

So where does this concept of empowerment leave someone like me, who is neither a survivor of psychiatric abuse nor a long-term service user? What role can I have in the empowerment of people with a diagnosis of mental illness? One pointer to the answer can be found in the work of Mike Oliver with reference to research relationships. Oliver has argued that emancipatory research should 'give over ultimate control to the research subjects' (Oliver 2002: 20). Essentially, Oliver is saying that allies should not think of themselves as working with disabled people, but rather as working for disabled people. "This does not mean that researchers have to give up researching but that they have to put their knowledge and skills into the hands of research subjects themselves" (Ibid).

For me, this has meant finding ways that my knowledge, skills, experience and energy can be offered to service users and survivors in order to forward their own agendas. For example, I developed a participatory action research project which delivered training in collective advocacy to a group of service users. The training came about not through my initiative, but because the participants told me that they wanted this training. Then, they designed its content using information I provided to them based on my policy-making knowledge. Similarly, I have supported the development of user-directed support groups. And in my research, I have created an opportunity for service users to voice the barriers they face as participants in planning the mental health services. Based on my experience, I believe that it is possible for an ally to be involved in the empowerment of service users and survivors, but such involvement will not be a partnership. It will be a relationship of service.

I also believe there is a role for allies in standing with service users and survivors when they make public claims for recognition and re-distribution. In the case of the black civil rights movement in America, the action taken by white, middle-class students to join with the black activists in the South was important for drawing media attention to the issue, demonstrating white citizens' relatedness to the issues of their fellow black citizens, and embarrassing the Government into action. There are many other examples of allies playing an important role in social movements, and it seems possible, therefore, that allies can play a role in supporting the service user/survivor movement. To me, this would mean standing, publicly, with service users/survivors to demonstrate our mutual outrage at the way hearing voices and emotional distress are treated in our society.

Conclusion

I have argued that empowerment must be rooted in a concept of 'power to'. This means, firstly, that power must be gained through a collective process. Socio-political empowerment does not increase through individuals' increased skills, knowledge and self-confidence. It increases when they join together to take public collective action. Secondly, empowerment will not occur through giving power to service users, though the result of their empowerment could be their increased control over services. Rather, empowerment for mental health survivors and service users will consist in action taken by them to demand public

acceptance and valuing of their way of experiencing the world, the right to live with hearing voices and expressing emotions without fear of discrimination or violence, and the reality of living this way in relative comfort. Through such action, service users/survivors will redefine the experiences we currently call 'mental illness' – no longer will they be disorders which require professional treatment. Rather, they will be legitimate ways of experiencing the world which command support and accommodation.

Empowerment will also occur when mental health service users and survivors have established their way of living in society through new structures; through greater respect for emotional discourse in the public sphere and in decision-making; through structures of work, education and care that facilitate emotional life. If empowerment is about changing the social position of people who express different mental experiences, then it can only mean generating this type of social, political and discursive power.

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