

Empowerment: A Conceptual Discussion

Per-Anders Tengland

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Abstract The concept of ‘empowerment’ is used frequently in a number of professional areas, from psychotherapy to social work. But even if the same term is used, it is not always clear if the concept denotes the same goals or the same practice in these various fields. The purpose of this paper is to clarify the discussion and to find a plausible and useful definition of the concept that is suitable for work in various professions. Several suggestions are discussed in the paper, for example control over life or health, autonomy, ability, self-efficacy, self-esteem, and freedom, and it is concluded that there are two plausible complementary uses, one as a goal and one as a process or approach. Empowerment as a goal is to have control over the determinants of one’s quality of life, and empowerment as a process is to create a professional relation where the client or community takes control over the change process, determining both the goals of this process and the means to use.

Keywords Ability · Autonomy · Control · Definition · Empowerment · Freedom · Process · Self-esteem · Self-efficacy · Health · Knowledge · Quality of life

Introduction

The concept of ‘empowerment’ has been used frequently in the fields of health promotion and health education [20, 34, 50–52], social work [1], nursing [15, 19, 35, 40], education [16], psychological and mental health [8, 42, 55], psychotherapy [28], development work [23], etc., during a number of years. It is, however, not always clear how the concept is defined in these various contexts, and if it is used in the same way by different authors. In two earlier papers I have described how the

P.-A. Tengland (✉)
Health and Society, Malmö University, 205 06 Malmö, Sweden
e-mail: per-anders.tengland@hs.mah.se

concept is often used, and what different meanings people give to the concept [45, 47]. I have also discussed if using the concept in these ways makes empowerment a plausible *goal* for the health sciences, for example for health promotion and public health, or if there is some other understanding of empowerment that is useful, such as empowerment as an approach, or, as it is often referred to, as a *process*.

In these previous papers, however, I did not provide a strict definition of the concept. This is the task to be accomplished here. Thus, the purpose of this paper is to find a plausible and useful *definition* of the concept of ‘empowerment’. It is likely that the term has come to have many meanings, so I will identify my task as finding a definition that clarifies what it is for a *professional*, e.g., a teacher, a social worker, a psychotherapist, a public health worker, a nurse, a doctor, or a priest, to work towards (or with) empowerment. Consequently I am not limiting myself to a specific profession, since empowerment is used in many areas of professional work and since the general idea seems to be useful in many different contexts. It is clear that some professions working with people will work very little, if at all, with or towards empowerment, for example masseurs, police officers, real estate agents, prison guards, staff managers, and judges. Thus, not all professions can or should work in this way, or towards these goals, and the definition should make it clear why there is such a difference.

Method

The method used here is called conceptual analysis. In general this means that one tries to find the characteristics of a concept, characteristics that taken together are both necessary and sufficient for the definition of a concept. Since empowerment constitutes a dimension (or maybe many), i.e., something that one can have more or less of, I will not primarily focus on any one level of empowerment (high, low, or acceptable), but on what constitutes an increase or a decrease in it (see [4] for a similar approach to health). I will ask what kinds of increases (e.g., in abilities, processes, relations) are by definition increases in empowerment. This has the advantage of allowing us to avoid the problem of where to draw the line between the empowered and the non-empowered, or decide what is optimal empowerment or what is acceptable empowerment, or some other fixed state. This approach will be sufficient for determining the goals of professional work, which is often addressed towards persons who lack a good portion of empowerment.

In an analysis of this sort we need adequacy criteria in order to produce a well-argued definition [6]. The most common criterion is the *language criterion*, which says that the definition produced should not differ too much from ordinary language. In the case of empowerment, however, it appears that there is no ordinary language, since that concept was created in relation to a special practice, that of changing the lives of marginalized groups [10, 41]. So instead we can compare the definition with how the concept is used in various professional contexts. We should also note that as the concept of ‘empowerment’ is used in the literature it appears to be something rather radical, and that the notion is often used to criticize the existing social order.

So the definition (according to the language criterion) should preferably capture this political radicalism in some way.

In relation to the language criterion we have what I will call *the uniqueness criterion*. It has to do with maintaining the uniqueness of the concept ‘empowerment’ in relation to other important concepts. Empowerment ought not to turn out to be synonymous with terms like health, well-being, quality of life, autonomy, or freedom. First, this would (most likely) take away the radicalism implied in the concept. Second, it would make the concept superfluous. This does not exclude the possibility of a definition that combines well-known concepts in a new and unique way, or that focuses on certain aspects of some (other) concept.

Also closely related to the language criterion is *the value criterion*. It states that whatever value, positive or negative, that is attached to the concept should be reflected in the definition. It is clear that empowerment is something positive, and the definition should capture and explain what makes it so.

Another criterion that will be used is *homogeneity*, which means that the definition should preferably pick out some homogenous kind of characteristic (state or process) that constitutes empowerment, e.g., ability to control.

The definition should also preferably be formulated as a *theory* or principle which helps us pick out that which belongs to the concept. I will call this the *theory criterion*. For example, the ‘ability to control one’s life’ (when the idea has been elaborated) can be seen as a (homogenous) conceptual *theory* that helps us pick out those characteristics that constitute empowerment.¹

Two common criteria are *simplicity* and *precision*. The simpler the better, is a classical view of definitions and theories. Here this will mean that we allow as few exceptions, or additions, to the definition as possible. That a definition should be precise is rather obvious, and this means that it should be produced in well-known and well-defined terms.

Finally, we have the *goal criterion*. The concept should be useful in describing how professionals in relevant areas (i.e., in those areas where the concept is used) work, and it should be in harmony, or at least compatible, with the normative goals for existing professional practices.

As should be clear by viewing these various criteria, they are not all compatible, e.g., the language criterion and the homogeneity criterion will conflict. So what we need is a compromise between the criteria suggested. This is called giving an ‘explication’ of the concept [7], which means that one starts with the common use of a concept (using some of the criteria mentioned), but ‘sharpens’ it through stipulation (using some of the other criteria mentioned), in order for it to be *useful* for practical and for scientific work.

¹ If we emphasize this criterion together with the homogeneity criterion, we shall find that the ‘list approach’ (definition through denotation) fails to give us a reasonable definition. The list approach puts a lot of stress on the language criterion and just lists all the attributes one believes belong to the concept (see [8] for such an approach). There are two disadvantages with this approach: first there is the problem of deciding when the list is complete, and, second, we do not have a criterion which helps us determine if something should belong to the list or not. The theory criterion fills this role.

Suggestions in the Literature

There are several suggestions for plausible meanings of the concept of empowerment in the literature. In some of these empowerment is seen as a goal, and in some as a means (process, method, approach). However, few writers provide a strict definition (one exception is Ref. [21]). In order to find a good starting point for a discussion of a definition I will briefly present some of the most plausible suggestions found, since they give us some ideas to work with.

Three general goals are often stated: first, that empowerment should consist in, or lead to, an increase in the *control of the individual's (group's or community's) own health* [54]; second, that it should consist in, or lead to, an increase in the individual's *ability to control her life* [15, 31, 32, 52, 55]; and third, that it should consist in, or lead to, an increase in the ability to *change the world* (Bredeson, in [35]). The third one is the broadest and encompasses the other two, and the first one is the most narrow one and is also encompassed by the second.

That empowerment should consist in, or lead to, the ability to change the world has some plausibility, but it is too non-specific. In what respects should one be able to change the world? Many changes are just too trivial (for most people) to be part of empowerment as ability, for example to learn to change a light bulb, or to learn to boil an egg.² Others are much more important but are still not plausible as empowerment goals, like having children. In most cases having children does not increase one's control over life, and often even reduces it (but, obviously has other positive aspects!). It appears to me that the other two suggestions, gaining the ability to control one's health, or gaining the ability to control one's life, are more plausible.

My suggestion is that the ability to control one's life is the best starting point, since the other (the ability to control one's health), limits the goals to be achieved as well as what can be done in order to help people to become empowered. It would, according to the language and goal criteria, exclude too many professions, since they do not necessarily work towards this more limited goal, i.e., controlling health. Therefore it is a mistake when the WHO makes empowerment *synonymous* with health promotion [54]. It is clear, however, that the goal to control one's health is a plausible empowerment goal for certain professional activities, for example within health care or health promotion, since controlling one's health is compatible with, and subsumed under, controlling one's life.³

As to the more detailed goals, various authors have suggested goals such as knowledge, e.g., consciousness raising [42] and skills development [35], self-esteem [33, 55], self-confidence or self-efficacy [2], ability [34, 35], autonomy [35], and

² This does not exclude the possibility that these changes in some cases do constitute increased control, e.g., if the person has a dysfunction. This illustrates Brülde's point [4] that at one end of the dimension a change might be empowering, as when someone has very little control, while at another it might not, as when someone already has much control.

³ Note that some writers suggest that empowerment primarily means raising the individual's *sense* of control (see [29]). There is, no doubt, something in this idea, but this sense of control has to come from *having* control, which is the more important aspect of the two. If not, we could manipulate people into sensing that they have control when, in fact, they do not.

freedom [23, 39]. It is clear that these suggestions all have some plausibility, and that they all might be part of the broader goals mentioned. To determine to what extent this is so is part of my purpose.

Empowerment has not only been seen as a characteristic of a person to be achieved through professional work; it has also been seen as a process, a means, an approach, or a method [15, 34, 35, 42, 49, 51]. This approach in a fundamental way involves the individuals or groups that are to be empowered. The general idea is that this approach should minimize the influence of the professional and that the individual or group in need of support should themselves (be allowed to) take responsibility for the change process. It is likely, however, that these means are connected with the above-mentioned goals, in such a way that e.g., control, consciousness raising, autonomy, self-esteem, or ability, should be the result of empowerment as a means (or process, etc.).

Can we find one plausible definition on the basis of all these suggestions? Some of the mentioned activities and goals belong to the concept in question, but others might just be causally contributing, contingent factors in this achievement. It is clear, however, that none of these concepts (in their regular uses) can by itself be sufficient to define empowerment, since according to the uniqueness criterion that would make the concept of empowerment superfluous.

Defining Empowerment as a Goal

The first question that has to be addressed is, what kind of property is empowerment? According to some of the suggestions mentioned it is obviously something that people (and groups) can have, lack and give (fully or partly). There are three possibilities: first, that empowerment is a property (a state, disposition or ability) that is increased in, given to, or appropriated by, a client (patient, student, group, community, etc.), second, that it is something that the professional possesses and uses (empowerment as a tool or as a skill), and third, that it is a relation that involves two individuals or groups (or communities).

However, it is quite unlikely that empowerment is a property or ability of the professional, for instance having knowledge or competence, being healthy, congruent or intelligent. The reason is that whatever the special properties or skills professionals have, they should (in order to be empowering) be related to changes on the part of the person or group helped, for example the ones discussed earlier, or *have an influence on the relation* between the professional and the client, in order to count as empowerment. Therefore I will start by exploring the first suggestion, since there is something obvious about the idea of empowerment as something (some property) that the person, group, or community, should gain, and then continue by discussing the third suggestion, empowerment as a relation between two persons or groups.

Empowerment as the Ability to Control One's Life

Empowerment, as we have seen, will be defined as a variable, one that comes in degrees which can change over time. Thus, we will be looking for what is an increase in empowerment and what is a decrease in it.

A preliminary definition of empowerment as a goal might look like this:

A change (internal or external to the person) is an increase in empowerment iff (if and only if) it is an increase in the person's ability (or opportunity) to control her own life.

The two central concepts are 'ability to control' and 'life'. Let us first try to determine what can reasonably be meant by 'life'. As we saw earlier, we cannot mean trivial things as what side of the sidewalk to walk on, or whether or not to shop at this store or that (assuming that there is no significant difference involved in this). There are at least six (partly overlapping) areas that are important to most people and the determinants of which people should be able to control to some extent: (1) one's health, i.e., the circumstances that influence one's physical and mental health, (2) one's home, i.e., where to live and what kind of home one has, (3) one's work (including domestic work) and income, i.e., what kind of education or training one has, where and with what to work, and earning the means to live a decent life, (4) one's close relationships, i.e., with whom to live, if and when to have children, and who one's friends and acquaintances are, (5) one's leisure time, i.e., its content and amount, (6) one's values, i.e., what values (political, religious, sexual, moral, etc.) to hold and how to pursue them. Many of these are what Rawls calls 'primary goods' [30] and Nussbaum calls 'capabilities' [26].

These areas are all important for most people and I will without further argument assume that the fulfillment of them contributes to people's *quality of life*, either directly or indirectly [46]. Thus, my suggestion is that to control one's life means that one *can influence the determinants of one's own quality of life* (or *welfare*, as I have called it elsewhere, see *Ibid.*) in a variety of areas, primarily the ones mentioned (for a similar idea see [1]). A question arises: why not accept that all kinds of increases of control count as empowerment, something that the language criterion might suggest? The reason has to do with fulfilling the value requirement. There is a strong positive value attached to empowerment, and this should be reflected in the definition. If we include all kinds of control we might logically end up having to say that a change is empowering for the individual, despite it having no bearing at all on the quality of that individual's life. The suggestion also reduces the risk of people being manipulated by politicians, employers, teachers, etc., in the name of empowerment, for example being given control over unimportant things, while others still control those aspects of reality which matter to the people in question. We can see this in the school system where students are sometimes given the power to decide over relatively irrelevant matters, such as in what order to study certain topics, topics that have already been decided by others.

Without going into details about what quality of life is I will here assume that it means both feeling well and living the life one desires to live, assuming the desires in question are *final* desires, i.e., those that are sought as goals rather than as means.

As to the desires, they should be based on true beliefs, meaning that nothing false can constitute quality of life, and they should be authentic, meaning that they are informed (i.e., based on relevant and sufficient knowledge) and autonomously formed [5]. This, for example, rules out that a physical craving for a drug, or an anxiety-driven compulsion to eat, can be seen as constituting final desires.

‘Ability to control’, the other central part of the suggestion, has to do with deciding and acting, but also (importantly) having the opportunity, to (causally) influence, change, bring about, or end, processes and states of affairs, for example through physical manipulation (e.g., ploughing), communication (e.g., arguing for), or political influence (e.g., voting). Note that for increased opportunity to constitute increased control, the individual also has to have some awareness of it.

Thus, an increase in control in either of the six areas mentioned above is (in general) an increase in empowerment, and a decrease is a loss of empowerment. The more important the change in control is for the individual, a group of individuals or a whole society, in terms of quality of life, the more important it is to initiate the change in question. What follows from this definition of empowerment, and how does the definition satisfy our criteria?

Most people in Western countries already are, it appears, empowered to a rather high degree, and empowerment (in this sense) seems to be achievable without *special* support from professional groups. Thus, self-empowerment is possible, which many authors note (e.g., [1, 20]), e.g., getting an education which gives you tools for living a better life is empowering. Many professions are involved in creating empowered individuals, for example teachers, doctors, nurses, physical therapists, social workers, occupational therapists and psychotherapists, even if they do not see themselves as working towards empowerment. Many political decisions also seem to be of an empowering kind. Creating sports facilities, increasing the possibilities for communication (physical or virtual), stimulating the economy to boost economic growth, increasing educational possibilities, etc., all seem to fall under the concept. So does financial support of different kinds, such as loans, gifts, allowances, subsidies.

Is the conclusion that most people in some countries are already empowered a problem? The fact that people can empower themselves, and do so all the time, should not be a problem for us in trying to find a definition that can guide professional work. Some professionals might be particularly good at creating these possibilities. Many professionals work with people that are underprivileged, with the unemployed, the homeless, delinquents, the disabled, the poor, etc. In these cases we can see that empowerment, i.e., increasing these vulnerable groups’ control over their lives, is far from trivial.

Still, the result seems unsatisfactory. Even if empowerment in this sense is important it is not very radical. Perhaps the definition is too inclusive, and in that case we have to limit the kind of control that constitutes empowerment to make the term more in line with some of our other criteria, e.g., with the radical character of the concept (the language criterion). Let us now try to see if any of the other terms mentioned earlier, i.e., knowledge, autonomy, self-efficacy, self-esteem, ability, and freedom, can help us clarify what empowerment is, still accepting (tentatively) that control over (quality of) life is the essential feature.

We can conclude from the start that none of these suggestions can give us a necessary characterization of empowerment (as a goal). First, because this would come into conflict with the uniqueness criterion. Autonomy, for example, should not by itself be synonymous with empowerment. Second, and even if we add any one of these concepts to the idea of control (e.g., that empowerment is increasing one's control by increasing one's health), it will still, according to the language and goal criteria, be too limited in scope to encompass all there is to empowerment. Increasing health can be one way to increase control, but it is hardly the only one if we take various discourses about empowerment seriously. The more limited question, then, becomes: are these more specific suggestions *sufficient* for an increase in control of quality-of-life determinants? And do some of these suggestions *together* give us a *necessary* (and sufficient) characterization of empowerment as control, i.e., do they (or some of them) together cover all the relevant forms of control over one's quality of life determinants?

Autonomy and Control

A good place to start is the suggestion that (an increase in) autonomy (self-determination), is sufficient for (an increase in) empowerment as control. Autonomy will here mean to have (the second order) ability to reflect critically on and to choose what preferences, desires and wishes to hold and to pursue (see [9]).⁴ Note that having autonomy is compatible with not being able to act on these wishes and desires. Thus, autonomy and freedom are here viewed as separate things.

Is autonomy in this sense sufficient for having control? That an increase in autonomy is an increase in the ability to control one's life is obvious, since some degree of self-determination in this sense is already presupposed in the idea of controlling (the determinants of) one's own (quality of) life. It seems impossible that one could control the determinants of one's quality of life, without having formed a conscious idea about what a good life is, and what contributes to it. Deliberating on what goals to pursue is part of having autonomy. So an increase in autonomy is sufficient for an increase in empowerment, whereas a decrease in autonomy is a decrease in empowerment.

Knowledge, Consciousness Raising, Skills and Control

Common suggestions for empowerment goals are 'consciousness raising' [13] and 'skills development' [35]. These suggestions are instances of knowledge, and, it seems to me that raising people's knowledge is part of many of the suggestions put forward, if sometimes only implicitly.

⁴ Strictly, it seems that we also have to act on some of these desires for the definition to be acceptable [9]. The idea is that it is counter-intuitive to say that someone autonomously decided what projects to pursue, but where the individual *never* pursued any of them.

It appears that some kinds of knowledge acquisition are sufficient for an increase in empowerment, for instance finding out what legal rights one has in relation to an employer. However, just learning facts about things, for example finding out that the highest mountain in Sweden is Kebenekajse, does not constitute an increase in control over life (unless you have a desire to climb it). So, not all kinds of knowledge acquisition is empowering. But maybe there are kinds of knowledge that are sufficient for increased control of quality-of-life determinants. Let us first look closer at the two forms of knowledge: consciousness raising and skills development.

Consciousness raising has to do with becoming aware of the situation in which one is and what influences this situation. An increase in the degree of consciousness about the situation is often sufficient for empowerment, since it is a prerequisite for having control over the situation. Not even recognizing that the situation is bad for you, e.g., that your work environment is polluted, will not make you want to change things. We would likewise consider a reduction of consciousness about the situation as a loss of control over the situation. There are, however, instances of increased consciousness which do not increase control, and, thus, not empowerment. An increase in awareness that the arranged marriage that one was forced to carry through was not what one wanted, will not constitute increased control if one cannot (ever) do anything about it.⁵ Thus, even if consciousness raising often does increase control, sometimes it does not, and therefore it is not sufficient for an increase in empowerment.

The other aspect of knowledge often suggested is skills development. Some skills are clearly important for quality of life, e.g., being able to fill out forms or contracts (for example in order to borrow money, or buy a house), being able to communicate with people, learning work-related manual or intellectual skills (how to use fertilizers, or how to use a computer), learning to better take care of one's health (prepare food so that it is not infectious), home (rebuilding one's roof) and family (better understanding the needs of one's children). This is more or less what will be called 'competence' in the next section.⁶ Some skills, however, are not quality of life-related, e.g., being able to read where there are no books, or being able to drive a care where there are no roads. So an increase in skills development is not sufficient for an increase in empowerment either.

Consciousness raising and skills development cover a lot, for example professional or work-related knowledge, communication skills, knowledge about society (laws, regulations), and knowledge about opportunities. There is, however, one area of knowledge that is partly missing in these accounts and that is self-knowledge. Here we are referring to the person's awareness of her own 'experiential' self, personality, skills and talents. This is one of the important goals of psychotherapy [36] and psychoanalysis [14]. It appears that an increase in self-knowledge is sometimes an increase in control over life. But again we might also find instances of increased self-knowledge that is not an increase in control.

⁵ Note, however, that some of these instances, i.e., increased consciousness without control, might instead be (direct) increases in quality of life. We might *desire to know* as a goal in itself.

⁶ It is impossible to separate skills from knowledge, since skills are a kind of knowledge. However, some knowledge is practical and some is more 'theoretical' (or 'propositional', see [38]), and here, it appears, we are mainly (but not wholly) interested in the more practical aspects of knowledge.

Becoming aware (in psychoanalysis) that I resent my father will only lead to increased control if it changes something within me (e.g., reduces anxiety), or if I can do something with this knowledge (e.g., resolve the conflict with my father).

Since we found that knowledge in these senses discussed, i.e., consciousness raising, skills development, and self-knowledge, is not always an increase in control over quality of life, an increase in knowledge cannot be seen as sufficient for an increase in empowerment. Despite not being sufficient, knowledge often contributes to empowerment. We can, for example, note that most kinds of education can be seen as being empowering, indirectly, since they increase the opportunity for control.⁷

Ability, Health, Competence and Control

It appears that the individual's general ability is central for controlling life or health. But is there some special sense of ability that is at work here? On some views ability is conceptually connected to health. One theory states that health is having (acquired) the abilities and dispositions that are typical in one's society [4, 46, 48], e.g., the ability to walk or think. Another theory states that health is to have the (general) ability to reach vital goals [24]. If empowerment is ability it could be the same as being healthy (see [19] for such a view).

But ability might also mean *competence*. Competence can be seen as having acquired abilities that require *special* knowledge and training [25], e.g., to drive a car or use a computer. Thus, some abilities are health-related while others are competence-related (note that every competence requires the use of some basic abilities, e.g., typing requires the ability to move one's fingers). Could it be that enhancing empowerment is just enhancing general health (as ability) or general competence?

No, health (as ability) is not sufficient for increasing control over one's life. An increase in health (as ability) is (according to the first theory mentioned) not sufficient for an increase in control, since we might find that increases in some basic abilities and dispositions of the individual do not lead to increased control over the determinants of her quality of life. An increase in the ability to run is an increase in health, but it is not necessarily an increase in control over quality of life.⁸

As to ability in the sense of competence, i.e., abilities that require some special training or education, each individual has many competences, for example the ability to read, count, cook, drive a car, play chess and (do skilled) work. Increases in some competences are increases in empowerment, since they help the individual to have increased control over life. Most of these competences can be subsumed

⁷ Note also that the knowledge itself does not always lead to control; sometimes it is rather the education as such that does. It licenses you to work in a certain area, and guarantees that you have the relevant knowledge and skills that belong to the profession, i.e., it creates opportunities for control.

⁸ Note, however, that an increase in health according to Nordenfelt [24] is always an increase in control of one's quality of life, i.e., of empowerment, since health is to be able to reach vital goals, and vital goals are one's quality-of-life goals. So, according to this theory, an increase in health is sufficient, but not necessary, for an increase in empowerment.

under knowledge (skills development) in the previous sections. However, some competences are irrelevant for control and are, thus, not part of empowerment, e.g., knowing how to do second order equations, where this does not contribute to the person's good life. So, even if knowledge (in all the senses discussed) many times contributes to control it does not always do so, and an increase in knowledge is therefore not sufficient for an increase in empowerment.

Self-esteem, Self-efficacy, Self-confidence and Control

Let me start by making a distinction between the terms 'self-esteem', 'self-confidence' and 'self-efficacy', all common in the empowerment literature. By self-esteem I will here mean an *attitude* towards one's own holistic self (see [44]), i.e., how one values oneself as an individual. Self-confidence has to do with a *belief* about one's *general* capacity to handle situations and tasks in life (Ibid.), while self-efficacy has to do with an individual's *beliefs* about her own capacity to handle *specific* situations or tasks in life [2]. General self-confidence often goes hand-in-hand with self-efficacy, but not always. For example a person can have self-confidence in relation to most situations that arise, but at the same time have no or little self-efficacy in relation to the other sex. However, a person's more general self-confidence will, no doubt, influence self-efficacy in relation to specific tasks, and vice versa. Furthermore, self-efficacy in one area need not influence self-efficacy in another.

Is an increase in self-confidence or self-efficacy sufficient for an increase in empowerment? It appears to me impossible to increase an individual's *general* self-confidence without this at the same time constituting an increase in the ability to control situations in life. Thus, an increase in general self-confidence is an increase in empowerment. Also, most increases in *specific* kinds of self-efficacy are increases in control, but all of them are not. We can, for example, imagine a person who gets an increased confidence in playing checkers, but where this is not an increase in control over any quality-of-life determinant, since playing checkers is not important for the person. So, every increase in general self-confidence seems to be an increase in empowerment, whereas not all increases in self-efficacy are increases in empowerment.

Is an increase in self-esteem always an increase in control and thereby (sufficient for) an increase in empowerment? In contrast to self-confidence, but like self-efficacy, it seems that an increase in self-esteem may not be sufficient for gaining control, since there are situations where an increase in self-esteem is not an increase in control over (quality of) life. A company director who truly values his employees and their skills, and manages to convey this, might help the employees to increase their self-esteem, without thereby increasing their control over work or life. This is even more likely if the self-esteem of the employees is already high. If I am right, self-esteem is not (in general) a sufficient characteristic of empowerment. However, as with knowledge, it might still be the case that most people who gain in self-esteem (especially if it is low) actually do thereby increase their control over

important life factors. If it is so, then self-esteem is still a valid empowerment goal for professional activity.

Freedom and Control

Freedom is seldom mentioned when discussing empowerment.⁹ But in fact, it appears that empowerment as a goal overlaps with freedom. Freedom will here be taken to mean having control over the *external* environment that influences one's actions and choices in life. Freedom is, however, always constrained in a society. We are, for example, not (as individuals) free to take other people's possessions. How, then, can we determine when the right kind of freedom is achieved? One way to solve this problem is to allow the maximum freedom compatible with other people's freedom, as liberals do [43]. But it appears to me that if we want to achieve empowerment, the kind of freedom referred to cannot just be the negative freedom that libertarians speak of, since then most disempowered people would already be free. So an increase in freedom is more than a reduction of external constraints, as it might also require having increased opportunities to reach valued goals, i.e., having more 'positive' or 'effective' freedom (Ibid.).

Changes in positive freedom, like the creation of opportunities (to study, to get a job, to exercise, to find a home, to have your children taken care of when you work, etc.) by governments and other organizations, are, then, also cases of increased empowerment (as is getting welfare or unemployment aid), since these opportunities often give people the possibility to get more control over their lives. Note once again that for an instance of increased freedom to constitute a real opportunity for action, and thus control, it has also to be perceived as such.¹⁰

However, there are instances of increased freedom that are not increases in control over quality-of-life determinants, e.g., when there is increased opportunity to work abroad when the person has no such interest, and this means that increased freedom does not constitute increased control.

Controlling One's Life vs. Controlling One's Health

We have so far concentrated on empowerment as the ability to control one's life. But quite a few theoreticians, and most importantly the WHO, claim that empowerment has to do with taking control over one's health [54].

As already stated, control over health cannot be all there is to empowerment. As the WHO notes, health is not the goal of life; it is often only a means, a 'resource' in

⁹ It is interesting to note that while Amartya Sen writes little about empowerment, he writes a lot about freedom as capability, which turns out to be (more or less) the same thing as the ability to better control one's life. He claims, for instance, that "[d]evelopment consists of the removal of various types of unfreedoms that leave people with little choice and little opportunity of exercising their reasoned agency" [39, p. xii].

¹⁰ Some definitions of freedom also include having internal as well as external control over actions and choices [3, 43], which means that autonomy becomes part of freedom.

WHO terminology [53]. Therefore, according to the value and goal criteria, it seems reasonable to assume that there are more important goals to achieve, for example quality of life. Thus, if we are to take the language, value and goal criteria seriously we have to assume that things other than control over health can be achieved through empowerment, e.g., controlling other quality-of-life determinants, and there are many professions working towards empowerment in ways that go well beyond that of helping people control their health, e.g., social work and education.

Still, this more narrow goal, to enhance control over health, is an important empowerment goal, since health is one important determinant for one's quality of life. So, even if a definition of empowerment should not be limited to an increase in control over health, it can be seen as one important goal for all the professions working toward health, for example health promotion, public health, nursing, medicine, and rehabilitation. To the extent that they work toward the individual's control over her health, they are thereby also working towards empowerment, albeit a limited part of it.

A Definition of Empowerment as a Goal

The discussion of the above concepts has shed some light on the concept of 'empowerment', i.e., it has clarified some specific aspects of it. First, the basic suggestion is that empowerment is having control over one's quality-of-life determinants. Second, we found that increases in some abilities (dispositions, or states) are by definition increases in empowerment, e.g., autonomy and self-confidence, since increases in them are always increases in control over quality-of-life determinants (and decreases in them are decreases in control). Third, we found that increases in (various forms of) knowledge, self-efficacy and self-esteem, health and freedom often contribute to increases in empowerment, since increases in them typically increase the individual's control over quality-of-life determinants. But sometimes they do not: first we have specific instances of knowledge, competence, health or freedom that have no (quality-of-life) value for a particular individual and, thus, where these increases are not increases in empowerment, e.g., knowing how to drive a car in a region where there are no roads, increasing one's ability to walk long distances when one is in prison, or seeing increased employment opportunities when one has already retired. Second, we have instances of increases where an increase at one end of the spectrum (dimension) constitutes an increase in control, while at the other end it does not. Self-esteem is such an example, where an increase from low self-esteem to moderate self-esteem probably always constitutes an increase in control, while an increase from moderate self-esteem to high self-esteem will not always increase control. Thus, increases in knowledge, self-efficacy and self-esteem, health and freedom causally contribute to empowerment, but are not (in themselves) sufficient for increases in empowerment. However, even if this is true, we find that increases in them are, together with increases in self-confidence and autonomy, *jointly* necessary for increases in empowerment, i.e., one of these factors has to increase for empowerment to increase. In other words, an increase in empowerment cannot occur without an increase in one of them.

We can now state a tentative definition of empowerment:

A change (internal or external to the person) is an increase in empowerment iff (if and only if) it is an increase in the person's control over the determinants of her quality of life, through (necessarily) an increase in either health (e.g., through self-confidence, self-esteem, self-efficacy, autonomy), or knowledge (self-knowledge, consciousness raising, skills development, competence), or freedom (negative or positive).

This definition of empowerment fulfills many of our criteria. It fulfills the language criterion, since it is in line with how many professionals use the concept; the theory criterion, since it is formulated as a conceptual theory or principle that can help us pick out those changes which are empowerment changes; the homogeneity criterion, since 'control' is the major unifying characteristic of the definition; the value criterion, since it retains the positive value of the concept, and ties it to the highest human good, quality of life; the precision criterion, since its central terms are explained and defined; and the simplicity criterion, since there are no ad hoc exceptions or additions. This definition (and the clarifications of this section) did, however, not lead to very radical findings. People become empowered through their own efforts. And even if some professionals deliberately work towards empowerment, e.g., health promotion or social workers working with marginalized groups, others achieve empowerment without knowing it, e.g., (some) teachers, (some) doctors, and (some) lawyers. So, if we want to find a more radical definition we have to continue our investigation.

Preliminary Conclusion

To conclude, empowerment as a goal (i.e., as something to be gained by the individual) is a relatively plausible idea. However, since one of our criteria for a successful definition was that it should guide professional work, this definition is possibly a disappointment, as empowerment can be achieved by individuals themselves and by some professionals as a side-effect of what they do.

To be sure, many professions have goals other than empowerment and work in ways which are not necessarily empowering, but, furthermore, some professional enterprises have even been criticized for doing the opposite, i.e., suppressing people, making them conform to societal norms, disciplining them, etc. (e.g., [11–13, 17, 18]). And even if not all professionals are coercive and manipulative in these senses suggested, many are paternalistic. We need, then, another sense of empowerment which involves a more special relation between the helper and the person to be helped.

So, if empowerment is not (only) a goal for the individual or a skill of the professional (as shown earlier), it appears to be a relational concept, in the sense that it involves two or more parties. So, let us look at the other idea, empowerment as a means (a process, a method or an approach). Empowerment in this relational sense must primarily be seen as a *special* means (or process, etc.). It should, moreover, live up to the radical character of the concept. Thus, what we need is a definition

that involves both the professional and the person to be helped, and necessarily takes the ‘power balance’ between professional and client into account.

We do not, however, leave empowerment as a goal altogether, since I will assume that even when we define empowerment as a means, we do so in relation to the goals that we have already found are part of empowerment.

Defining Empowerment as a Means

If empowerment (as a means) is something that involves both the professional and the client (group), what is it? First of all it has to do with the relation being different from the normal professional relation, since not all relations are empowering. Many professional relations are paternalistic and unbalanced as to ‘power’ (or influence). The professional often determines both what the ‘problem’ or ‘issue’ is and how to solve the problem or how to approach the issue. For example: the typical doctor (after an examination) tells the patient what her medical problem is, e.g., tendonitis, and prescribes a treatment for it; a health educator identifies a risk behavior in a group, e.g., smoking, and proposes measures to change this ‘behavior’; a teacher (governed by a curriculum) decides what kind of knowledge to offer the students, e.g., English grammar; and many psychotherapists diagnose the patients’ personal or mental problems and provide measures that are supposed to solve them, e.g., cognitive exercises or conditioning techniques. If empowerment is to be different, one requirement seems to be that the means of the professionals are congruent with the empowerment goals, i.e., increased control for the client. This means that there is something contradictory (or at least problematic) about a relation *where a professional tells* the client what she should do in order to increase her control. Therefore it seems necessary that the professional retreats as much as possible from her paternalistic position, and that there is a reduction of the power, control, influence, or decision-making, of the professional and at the same time an increase in power in the individual or group supported.

What exactly does this mean? The most important aspects of a professional relation seem to be (1) to decide what ‘problem’ or ‘issue’ to deal with (sometimes involving increased understanding of how the situation arose), and (2) how to reach some desired state of affairs, be it a solution to a problem or some other important change. Changing the power balance here means that the individual herself (or the group) formulates the problem, finds a solution to the problem and acts in order to solve the problem. This means for the professional that she leaves her dominant role and instead only supports or facilitates the individual (or group) in formulating the problem and finding a solution to it. The professional becomes a collaborator in this process. But we have to be aware of the fact that influence comes in degrees, from forcing people to do things, to letting them do things by themselves. In between we have influences like manipulating, ordering, recommending, suggesting, encouraging, arguing, and informing. Thus, since influence comes in degrees, so does empowerment as a means. We can conclude from this that (in general) the more the professional leaves to the client to decide, act, etc., the more empowerment there is in the relation. But note also that a professional acting as a facilitator can (at times)

suggest, inform and argue, without being manipulative or coercive, and in many professional areas this is compatible with being empowering.

A question that arises is, can the person supported not take control over, and resume responsibility for, the problem herself, or with the help of a friend, i.e., without the assistance of a professional? It is clear that if the professional is to have some special role in the envisaged relation it has to be that of creating an environment, a climate or a situation that encourages and enables the desired relational change. In some cases the support has to do with ‘expert’ knowledge about ways to reach the desired goal, what Lietaer refers to as the professionals being ‘process-experts’ [22, p. 63]. Certain problems or situations give many options to the person supported, others few. A cancer patient might not have many options at all. Still it might be part of an empowering relation to support the patient in participating in making the crucial decisions. In psychotherapy the options might be much less determined, since not even the problem might be well understood from the start. The same goes for a professional working with public health or social work. What appears to be the problem in a group, obesity for example, might turn out to be the effect of other problems, e.g., exclusion, poverty, or lack of self-esteem.

Are there also special approaches or methods which can be used by the professional to reduce her power while at the same time increasing the client’s? One can, no doubt, use common sense here and try, as best one can, to support people in their struggles to gain control of their lives. But it would be better if we used those approaches and methods that exist—those with satisfactory empirical, theoretical and ethical underpinnings. One such approach was developed by Carl Rogers [36, 37], another by Paolo Freire ([13], see also [51] for how to use Freire in a health promotion context, [27] for a comparison between Rogers and Freire, and [45, 47]). But, instead of going into details about how professionals can work in order to decrease their control and to facilitate empowerment, we shall adhere to the original question of how to define empowerment. Let us then try a definition of empowerment that incorporates what we have just said:

Empowerment as a relational term is achieved when a person A acts towards (in relation to) another person B in order to support B in gaining better control over (some of) the determinants (those relevant for the situation or profession) of her (quality of) life, and this acting of A towards B necessarily involves a minimizing of A’s own ‘power’ (or influence) over B with regard to goal/problem formulation, decision-making and acting.

But this definition seems to require an addition. What if the person supported by the professional worker does not, or refuses to, take control over the situation? Is it then empowering? It appears that for the relation to be empowering (in this relational sense) the person helped actually *has to take* some of the responsibility and control, and we need to add a clause about this in the definition. Thus, it now becomes:

A person (or group) A acts towards (in relation to) another person (or group) B in order to support B in gaining better control over (some of) the determinants

(those relevant for the situation or profession) of her (quality of) life and this acting of A towards B necessarily involves a minimizing of A's own 'power' (or influence) over B with regard to goal/problem formulation, decision-making and acting, and B seizes (at least) some control over this situation or process (goal/problem formulation, decision-making and acting).

This definition says nothing about the goals to be reached by this process. In what relation do the two kinds of empowerment stand? Ideally, empowerment as a process should lead to the empowerment goals discussed earlier, i.e., increased control over quality-of-life determinants. However, if the client or community is to take full responsibility over the process or change, then there is no guarantee that the goals defined as empowerment goals (control over one's quality-of-life determinants) are the ones that the individual or group will finally strive for. They might, however unlikely, be mistaken about what their quality-of-life goals are, or about what contributes to their quality of life. But, what we do expect is that autonomy will be enhanced, since whatever choice a person makes (assuming that it is rational and informed) it is more autonomous than if the professional made it. We can also, with the support from research (most people do seize control when they get a real chance) and from personality theories (people are in general motivated, active and constructive), formulate the hypothesis that the individual, group or community will seize as much control as possible over their lives. Let me therefore, finally, suggest a definition combining the two earlier definitions.

We achieve empowerment (in a combined sense) when a person (or group) A acts towards (in relation to) another person (or group) B in order to support B (by creating the opportunity and environment, and giving 'expertise' support) in gaining better control over (some of) the determinants (those relevant for the situation or profession) of her (quality of) life through (necessarily) an increase in B's knowledge (self-knowledge, consciousness raising, skills development, or competence), or health (e.g., autonomy, self-confidence, self-efficacy, or self-esteem) or freedom (positive and negative), and this acting of A towards B involves minimizing A's own 'power' (or influence) over B with regard to goal/problem formulation, decision-making and acting, and B seizes (at least) some control over this situation or process (goal/problem formulation, decision-making and acting).

These definitions (empowerment as a process and the combined one) better than the first one (empowerment as a goal) capture some of our criteria, for example the language criterion, since it brings out the radicalism in the concept by explicitly addressing the 'power balance' between professional and client, and the uniqueness criterion, since it does not make empowerment synonymous with other concepts as they are usually defined. It is also especially suitable for professional workers since it includes an attitude or a 'way to work' towards empowerment. Much more, of course, has to be said about how to work successfully in this way.

Finally, I have mostly written about individuals or persons gaining empowerment, and about professionals as individuals facilitating empowerment. But we may equally well, as already indicated, use this approach when working with groups or

communities that need to be empowered, e.g., ethnic minorities, the unemployed, delinquents, drug addicts, the homeless, the disabled or the aged, and it may also be used by professional teams that support people or groups in gaining empowerment. We should perhaps note that given the final, relational definition, organizations, governments and other major official and non-official bodies can hardly work towards empowerment in this latter sense. The reason is that it is hard to conceive of how *the reduction of power or influence* can be achieved between an organization (as such) and an individual (or group). Governments and other official or private organizations set the agenda and supply the fundings for specific projects, and at the most they can be influenced by professionals and by consumer organizations in this agenda setting. On the other hand, governments can create foundations for empowerment (in both its senses), both through creating a society which increases individuals' participation and control, and through creating (or supporting) organizations that deals with health care, social work or education, where professionals work with individuals (groups or communities) who need support in order to achieve control over their lives.

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