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Advocacy/Empowerment: An Approach to Clinical Practice for Social Work

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Social Work has been imbedded in a structural and ideological contradiction throughout its history. The profession, its employing institutions, and the problems confronted by its clients are all produced by the same political economy that pays its workers and supports its schools. Ideologically, the profession has avoided the confrontation implied by its dependency upon individual defect explanatory or causal analysis frameworks that constitute a betrayal of its real constituencies. An advocacy/empowerment paradigm is offered as an alternative.

Social work has been embedded in a structural contradiction since its professional origins. The nature of this contradiction arises from the social historical fact that the profession receives both its legitimation and primary funding from the capitalist state, the same structural base that creates the poverty and abuses of its clients (Ehrenreich, 1985; Gough, 1985). The profession has been able to avoid or deny its internal contradiction through the adaptation or development of individual defect explanatory paradigms to guide its practice (Rose, 1972). Whether the guiding model has been taken from psychiatry, psychodynamic theory, ego psychology, behaviorism, or even more recent progressive psychosocial concepts, the result has been the same — systematic exclusion of the social reality of capitalist structures, ideological forms and processes shaping daily life and individual subjective experience (Zaretsky, 1973).

This paper articulates an alternative concept of clinical practice, one based upon advocacy/empowerment theory and practice principles (Rose and Black, 1985). Essential to this construct is the notion of "social being": the assumption that every person lives his/her life as social historical experience. We live within a social historical, contextual and socially constructed reality (Berger and Luckmann, 1967), that shapes personal identities and social relationships. With this assumption in place, it becomes necessary to acknowledge other social historical facts

of daily life (which cannot be elaborated here). Briefly, of primary importance is the capitalist mode of production which necessitates domination, naturalizes hierarchy, and requires competition among working and nonworking people for survival (Braverman, 1974; Gough, 1985). These structurally derived, inherent characteristics, resulting from private ownership and the necessity for social control, in turn typify the social historical forms through which capitalism and its prerequisites for human development express themselves in daily life: the workplace relationship (the free labor contract, with its inherent structured unemployment, maintenance of an industrial reserve army, required competition between workers and isolation of workers from one another and from systematic knowledge of their socially structured experience of powerlessness) thus comes to characterize relationships in other typical social forms such as the family, school, or social agency.

Within these socially legitimated forms, and their boundaries, the contours for adult identity and the beliefs about childhood are constructed (Aries, 1962). Naturalizing the social historical forms and their mandatory functional behaviors, making them appear to be inevitable, ahistorical, biological, has been the task of academic disciplines responsible for theories of human development. Confinement to rationalizing theories which support the existence of an oppressive state has resulted in the limitation which people experience in expressing whatever feelings arise that are inconsistent with socially expected behaviors (determined by socially designated roles). With system rationalizing concepts of social forms and even one's own identity as the basic conceptual tools to organize perception and explain experience, we are forced to internalize a social reality (Berger and Luckmann, 1967) that does not function to promote our development (Liebow, 1966; Fanon, 1968; Sennett and Cobb, 1973; Rubin, 1976). Believing in the "promises" while being constricted by the realities, seeing and seeking freedom in confining legitimate social forms, countless people experience themselves as failures, as stupid or inadequate. Many frequently feel silently crazy in their presumed isolated frustration and confusion. If nothing else, the therapy explosion of recent years gives testimony to the paucity of social or emotional supports in

typical, form-defined relationships (i.e., the “natural environment”) and to the ineffectiveness of their rationalizing ideologies as vehicles for self-understanding.

The advocacy/empowerment orientation to practice is an effort to combat the socially structured alienation, isolation, and poverty of substantive content available to understand ourselves and daily life. We refer to our perspective as an approach rather than a model because we believe that the practitioner must be the creative, producing force in whatever he/she does. Where models assert both a conceptual framework and establish a set of required behaviors, we will articulate only a set of foundation principles which serve as the premises for practice. This practice is itself seen as empowering because it sets the responsibility for determining what one does with the person(s) doing it rather than taking that responsibility away and turning it over to an abstract and often unknown “authority”. Put another way, power arises from producing or, at the very least, participating in determining how to produce one’s activity — not from consuming “proper” or “professional” behaviors and serving as the conduit for them in working with others.

A Note on Social Being

We live in a society where life is organized through explicit socially legitimated forms — work, the family, sex roles. Life is valued through the acquisition of commodities and status accumulation (worker, wife/husband, parent, etc.) which overtly or covertly is tied to individual success or failure in competition with others. As individuals, the relative structural isolation we experience is furthered in our separation from others by the power of social meanings attached to race, age, gender, ethnicity or sexual preference. These contextual factors shape our identities. They are not extraneous variables which influence our growth and development, or even complex external factors which we must confront (although we must do this as well). Rather, these social historical forces and forms, and the conceptual meaning attached to them, saturate our existence both internally and objectively. Each of us is reduced in our human potential by the structural existence of poverty, racism, sexism, etc., precisely because the existence of these factors reduces social diversity and its consequent enriching possibilities.

Restrictions, competition and control are built into our historically contoured identity which is itself a reflection of the historically allowable social relationships legitimated in our society. People individually, as well as in their functional and often reciprocal roles as components of these forms (i.e., as family members, workers, students, etc.), are evaluated successively in their performance of behaviors in which success and failure are designated status situations determined by others more powerful and with greater legitimation. We appear to succeed in our lives to the extent that we successfully internalize others' ideas of who we shall become and accumulate social roles and commodities appropriate to our designated position. (Ironically, there exists a "laissez faire"/social Darwinian assumption about subjective development, namely, that we all have the same opportunities to achieve mature adulthood, so that when this does not occur, the responsibility can be attributed either to the individual or his/her parenting.)

Others emerge continuously as the authorities who seem to actively know and steer our destiny, identity and performance. Few of us seem to deeply know how we have arrived at where we are as adults, feeling more known and acted upon than knowing and producing our own lives (Freire, 1968). We are mystified by this experience primarily because the "others" are often loved ones, family members, teachers, clergy, or other role models who have social legitimation and even intimate meaning. Legitimation and intimacy then serve as the medium through which strictures or boundaries of appropriate behavior become internalized as signposts of an individual's mature emotional development as well as of the strength of his/her familial bonds. Love and familial intimacy thus function as a double bind: caring and confining, raising through regulating, with only the positive dimension available to our consciousness. This experience, of course, arises as the developmental parallel to the normal experience of work in capitalist relations: workers, in order to survive, follow the dictates of their bosses, regarding what they do, how they do it, how they relate to one another in the course of doing their work, and in how they express and assess themselves (Terkel, 1974). Often, especially in economic hard times, they are expected to be as grateful for their jobs as they were to their families.

Social being is a concept which encompasses these understandings but is not limited to them. For, just as there exist permanent contradictions in the mode of production and social relations of capitalism (since private accumulation and social control cannot produce the bases for social development and creative fulfillment), so too do there exist contradictions in the people whose lives are socially shaped by capitalist reality. Understanding the structural basis of the contradiction is what is hidden by the prevailing individual defect paradigms and practices in the profession. The "hidden" dimension arises when these conceptual frameworks act to disguise the behavioral and emotional residue of daily life as defects within people disassociated from their contextual experience (Sennett and Cobb, 1973), or "decontextualized" from their daily lives (Rose and Black, 1985). Emotional experience is relegated to the "irrational" by rationalizing theories justifying the validity of the state and its building blocks of sex roles, the family, work, etc. In this way the behavioral dysfunctions or the emotional suffering experienced by people can never serve as critiques of the set of social relationships and structural or ideological entrapments imposed upon people as daily life requirements of mature children or adults. It is precisely in this decontextualizing practice that typical clinical models of social work inadvertently reproduce the feeling of powerlessness, the experience of oneself as inadequate, incompetent or crazy, even when adaptation to client roles may promote immediate or short-term relief and the appearance of growth.

The Principles of Advocacy/ Empowerment

Implied in what has been written above is the assumption that subjectivity and individual identity stand in permanent, unseparable relation to objective social historical structures, legitimate forms, and constructions of social reality. This inherent interpenetration gives us our humanity so long as we recognize the capacity we have to become conscious of our experience and change it (Freire, 1968; Rose and Black, 1985). Prevailing practice forms deny us this opportunity precisely because they acknowledge only our individual existence while denying us

our social historical experience — or the social class and cultural foundation for our identity, our social relationships and our understanding of our experience. Even the recent and very positive developments which acknowledge that racial, ethnic, and cultural factors are relevant to a person's sense of self often ignore the larger social contextual arena which constructs and reproduces racism, sexism, etc.

This analysis gives rise to the first principle of the advocacy/empowerment approach — “Contextualization”. Contextualization means acknowledging the social being of the client. It means that the old social work dictum, “Start where the client is”, has two dimensions: the person as she/he presents her/himself, with the problem definition that she/he delivers, as well as the need to learn exactly how the person has arrived at that view of his/her situation. It includes learning what familial or other social supports rely upon (or, perhaps, are functionally reciprocally dependent upon) the client and his/her problem definition as it is presented.

This orientation includes the belief that clients know themselves better than we do or can in terms of their individual experience or in relation to racial, ethnic or cultural experience that differs from that of the worker. It also assumes that workers have the possibility of helping people to learn of their social historical existence and its influence in shaping their experience and perceptions of themselves as dynamic dimensions of a larger social contextual/ideologically constructed universe. Thus, clinical dialogue is formed with two elements of expertise, one belonging to each participant, each assuming the necessity of producing communication that can develop and clarify the individual's experience of her/his contextual participation. Vitaly important in this process is listening to the client's presentation of self, generating elaboration of perceptions and experienced feelings, articulating support in the sense of sharing understandings of how the client would formulate problems as he/she has, externalizing the problem by indicating its social base, and assisting the client to look critically at the externalized or contextual situation. In this process, it is also necessary to recognize racial, cultural or other significant differences between workers and clients, to encourage clients to discuss

their meaning, and to inform the worker of how these vital factors enrich the complexity of the client's life.

The commitment to dialogue replaces either the typical process of problem solving or the formation of a contract between client and worker. This process also requires demystification of the treatment setting and relationship: early on, the client's understanding of the setting and his/her expectations must be elaborated along with the worker's. The task of the worker is to enter the reality experienced by the client as the client feels it, understands it, and participates in it (Freire, 1968). The internalized construction of reality that guides the client's perceptions and feelings must be elaborated and externalized with the client as the producer of the pace and extent of disclosure. Particular attention is given to racial or ethnic differences in relation to workers' expectations of clients' levels or pace of disclosure. Should the process become obstructed, the worker needs to acknowledge the obstruction and share responsibility for it: the choice to disclose or share deeply felt experience thus becomes seen not in terms of cooperative versus resistant participation by the client, but rather as a choice the client is making based upon her/his sense of trust, support for who he/she is, and a sense of risk in the relationship with the worker in comparison to the risks in relationships with meaningful others. The focus of communication thus has two dimensions: the substantive content and emotional experience being shared or obstructed and the process of dialogue between the participants, a process where the client must always be in control of where she/he is moving and at what pace. The choice to continue or remain in the same place becomes a two dimensional act. The option is mediated by the client's self-confidence, itself mediated by the person's perception and feelings about him/herself within a social network that either supports his/her social development or supports static or regressive tendencies. Since the person is socially participating in networks of social relationships which comprise major inputs into his/her identity, the issue of who benefits from movement/stagnation becomes a potential subject for externalization, critical reflection, and possible action.

Substantively, the contextualization principle suggests that the worker assist the client to express, elaborate, externalize, and

critically reflect upon the feelings and understandings she/he has about him/herself in the context of daily life. Feelings exist two dimensionally: as an intensity factor which guides understanding of the personal stakes involved in past and present social relationships as well as about one's own human value or meaning to others; and as data from which a real political analysis can be built to develop understandings of power, legitimation, or coerced dependency as these have been part of the person's daily mystified life. Thus, rather than appearing only as a "problem", the client is urged to share aspects of daily life as it is experienced: not simply what he/she does daily (because that would support the person in thinking that she/he were simply a functional or behavioral unit), but how these activities came into being, what role the person played in selecting what he/she does and from among which possible options the activities of daily life were assumed.

Parallel to this description is the urgent need to learn about the person's feelings regarding being an adaptive (versus consciously choosing) participant in the process of her/his own development. The issue of how the client came to assume what was expected of him/her in the past and in the present requires some elaboration as well, along with what the person expected to experience from assuming different activities, roles, and responsibilities. The difference and distance between what was perceived and expected, when compared to what is being or has been experienced, constitutes the critical ground for contextualized dialogue whether the client is an ex-patient from a psychiatric hospital assessing the experience of being placed in a particular residence or an abused spouse contemplating whether to return home or a highly stressed person seeking support.

Focusing on contextualization, on bringing to consciousness both the unique experience of the individual and the social base for that individual's experience, also means that attention must be given to the structural factors which impose dependency: primarily these involve income since that is often the access route to housing, food, clothing, health care, transportation, etc. Since income and relationships with others, both family and institutions, are often interconnected, elaboration is required to

fully understand the way the client perceives his/her situation and the obligations understood to be part of daily life. The issue applies differently to people in different economic conditions, while the principle covers all possibilities. Thus, discussion of a middle class, dependent spouse's knowledge of economic survival and her/his concept of required tolerance of continued abuse may characterize one situation while discussion of legal entitlements or income benefits may be more fitting in another.

Empowerment, already referred to in the discussion of contextualization, is the next principle. In this construction, empowerment means a process of dialogue through which the client is continuously supported to produce the range of possibility that she/he sees appropriate to his/her needs; that the client is the center for all decisions that affect her/his life. It does not mean that the client selects from a menu of services offered by the worker or agency, nor does it mean that the client dictates the responses or set of concerns determined to be valued by the worker. Because the social base of identity and experience cannot be expected to be systematically understood by the client (just as the uniqueness of the client's experience cannot be expected to be understood fully by the worker), the worker has a responsibility to develop the dialogue as discussed above to include externalization and critical questioning about contextual experience. This point is emphasized because the worker's responsibility is to the social development (perhaps an adequate substitute for "treatment") of the client, a process which can only occur with adequate attention to that dimension of the person's experience. It is not unusual for a client with previous therapy experience or with rigidly negating social networks to obstruct any discourse that is unfamiliar, an act which may require referral to a more conventional service. This is raised because that type of action can be seen as a choice made by the client as well as the choice to proceed: in this instance, neither person is asked to forsake the focus which gives each of them their sense of validity and identity.

Collectivity is a third principle. It means that the focus on the social basis of identity and experience is designed to reduce isolation and the terror of experiencing oneself as uniquely defective and stagnant. The focus on contextualization as a

hidden dimension to each person's life begins the process of experiencing collectivity, of seeing and feeling oneself to be socially recognizable and valid. Working with people in groups, using the same principles discussed above, furthers this process while also attempting to develop horizontal types of social supports, drawing on people's potential strengths as producers of the social networks each of us needs to further our own development. Construction of horizontal interdependencies, whether focused on concrete needs such as housing and income, or on emotional supports, or both, fights against both vertical dependency and isolation. It also establishes a potential base for advocacy activities designed to enter a more overt political arena, should the individual or group decide to act in that context. The struggle requires continuous critical reflection of process factors that minimally include competition, feelings of success/failure, belonging/isolation and participation/adaptation.

The collectivity principle can be elaborated by further discussing two related components: socialization of experience and transformation. Socialization of experience is a principle which urges that people be brought together to mutually externalize and reflect upon previous or present feelings of self-worth or self-contempt and on how these feelings emerged in the course of their development within socially legitimated forms such as the family and schooling. Being able to share the mystified social experiences of growing up and accumulating internalizations of conventional ideologically structured roles and designated behaviors has been a characteristic of conscious raising groups for some time. The opportunity to share with others the emotional pain and conceptual boundaries which characterize daily life creates the emotional and conceptual plausibility necessary to change while concurrently establishing nonhierarchical networks of support for doing so. Thus the social and individual bases for transformation are set in motion: transformation becomes the other dimension of collectivity, with the purpose being movement from a position of dependency and individual deficits, through contextualization, empowerment, externalization, critical reflection, and action to a position and experience of participation and conscious involvement in interdependent networks of social support.

Social development requires transformation of both oppressive objective conditions and ideologies and their subjective entrapments. Because these different dimensions to the whole of social life are inevitably intertwined at the level of daily life experience, both must be confronted. This is the primary focus of our advocacy/empowerment orientation to practice: developing consciousness and active participation in shaping one's life through creating and shaping networks of social support and action. Indeed, as we have learned from the Women's movement, "the personal is political". Conversely, the "political" is very intimately personal as well. To transform either dimension of social reality requires encountering and confronting both in their interaction. Our hope is that this paper has contributed to a dialogue promoting that transformation.

References

- Aries, (1962). *Centuries of childhood: A social history of family life*. NY: Vintage Books.
- Berger, P. & Luckmann, T. (1967). *The social construction of reality*. Garden City, NY: Anchor.
- Braverman, H. (1974). *Labor and monopoly capitalism: The degradation of work in the twentieth century*. NY: Monthly Review Press.
- Ehrenreich, J.H. (1985). *The altruistic imagination: A history of social work and social policy in the United States*. Ithaca: Cornell Univ. Press.
- Fanon, F. (1967). *Black skin, white masks*. NY: Grove Press.
- Freire, P. (1968). *Pedagogy of the oppressed*. NY: Seabury Press.
- Gough, I. (1979). *The political economy of the welfare state*. London: Macmillan.
- Liebor, E. (1966). *Tally's corner*. Boston: Little, Brown.
- Rose, S.M. (1972). *Betrayal of the poor: The transformation of community action*. Cambridge: Schenkman Books.
- Rose, S.M. & Black, B.L. (1985). *Advocacy and empowerment: Mental health care in the community*. London: Routledge & Kegan Paul Ltd.
- Rubin, L.B. (1976). *Worlds of pain*. NY: Basic Books.
- Sennett, R. & Cobb, J. (1972). *Hidden injuries of class*. NY: Vintage Books.
- Terkel, S. (1974). *Working*. NY: Avon Books.
- Zaretsky, E. (1973). Capitalism, the family and personal life: Parts I and II. *Social Revolution*, 3.

