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Breaking with paternalism, empowerment of the people

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Abstract. This article describes what empowerment versus paternalism is. The different definitions and meanings for the same term. Subsequently, the evaluation scales are analyzed, highlighting the Personal Agency and Empowerment Scale (ESAGE), which measures self-efficacy, autonomy, self-determination and control. Regarding the methodology, it is analyzed at different levels of analysis: individual, group, organizational and community. It is therefore a multidimensional social process for empowerment at the psychological, organizational and community levels. The article ends, with the example of a practical case, a woman with a severe mental disorder and her empowerment and empowerment process.

Keywords: Empowerment, protagonist, paternalism, community, empowered woman.

Summary. 1. Introduction: Empowerment versus paternalism. 2. Methodology. 3. Evaluation. 4. Development of the Intervention. 4.1. Psychological level. 4.2. Organizational level. 4.3. Community level. 5. Conclusions. 6. Practical example. Documents. Bibliography.

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1. Introduction: Empowerment vs Paternalism

The term human empowerment is a translation from English to *empower,* which is used in texts of political sociology with a sense of "granting power to a socioeconomically disadvantaged group to improve their living conditions through their self management. It can also be used as a pronominal: «It is about empowering ourselves, using the goods and rights obtained, necessary for the development of our own interests» (Alborch Malas,2002). So, What is *empowerment*? What does this construct mean? It is a concept that is difficult to translate, and that does not include in its translation into Spanish the full meaning that **Rappaport** gives it. Literally, It can be translated as empowering, that is, giving power, providing with power, but the term empowerment is generally translated, not as empowering but as empowerment or strengthening.

Intuitively, under the concept of empowerment, there are other concepts and ideas such as autonomy, self management, critical thinking and even freedom. Not long ago the term empowerment was unknown to most people. In social intervention, this concept can be understood as "*the process by which people strengthen their capacities, confidence, vision and protagonism as a social group to promote positive changes in the situations they live in*". (Murguialday and others, 2001).

In the sixties It had its origin in the strategies of **Popular Education**, developed by the Brazilian educator ***Paulo Freire***. According to this current, education is a participatory process, in which learning is based on the practical experience of individuals and groups themselves. In fact, Rowlands (1995) emphasizes that there is a great similarity between the notion of empowerment and the ideas defended by Freire, since empowered individuals become "subjects" of their own lives and develop a "critical awareness"- that is, they understand their social environment, which leads them to action. It is not bad to empower yourself because empowerment starts from literacy and from critical knowledge.

As can be seen, we continually move from an individual visión to a group and/ or social one. From the seventies, this idea of empowerment began to gain strength in popular organizations, among which **feminist movements** have deepened their application in theories about the importance of empowering women to achieve a more egalitarian society.

The concept was first proposed in the mid-1980s by DAWN, a network of women's groups and researchers from the North and South, to refer to "the process by which women access control of resources (material and symbolic) and reinforce their capacities and leading role in all areas". Jain was the founding Indian economist of DAWN. From this more feminist approach, women's empowerment ranges from individual change to collective action, and involves the radical alteration of the structures and processes that reproduce the subordinate position of women as a gender. Empowerment also involves having access to resources, both material and symbolic, which means that it is necessary to achieve economic empowerment.

However, the term will be definitively consecrated in 1995, during the World Conference of Women in Beijing convened by the United Nations when it was first used in political debates as a key strategy for women to take a leadership role in order to bring changes that would enable them to participate on the same terms as men in all social areas, and, particularly, in decision-making. This concept appears in the final text of the Declaration and the Platform for Action, adopted unanimously during the event.

In recent years, the term "empowerment" has expanded its field of application, it has also come to designate the set of **vulnerable groups**. The extent of its use in studies includes development, community and social work, and development cooperation. Meanwhile, the vision of women's groups and other social movements are further. Empowerment would be "a process that enables women and other disadvantaged groups to increase their potential, that is, to access the use and control of the material and symbolic resources to gain influence and prestige, and to participate in social change. These pragmatic changes also bring with them *a process by which people become aware of their own rights, capacities and interests and how these are related to the interests of other people, in order to participate from a more solid position in decisión-making, and be in a position to influence them.*

Therefore, the term empowerment is applied to all vulnerable groups in a process by which people strengthen their capacities, confidence, they have a vision and leading role as a social group to promote positive changes in the situations they live in. The professionals who get involved with people in the social área, in my opinion, we must learn to ask: **What needs does the person served have? What expectations? What is it that really demands our attention?** etc and working from there. To ask, listen to find out how people are, what demands they make of us and favor and encourage their critical awareness.

The World Health Organization (WHO) considers “empowerment” to be an essential concept of **health promotion**. The Alma Ata Declaration and the Ottawa Charter for Health Promotion recognize its importance for the prevention (of disease) and the promotion of health. One of six key issues for the performance guide that appear in the European Strategy for the Prevention and Control of Non-communicable Diseases establishes that “people must be empowered to promote their own health, to interact with health services and actively participate in the management of the disease”. The Mental Health Declaration for Europe, the Mental Health Action Plan for Europe and the European Pact for Mental Health and Well-being recognize that the empowerment of people with mental health problems and their caregivers is a priority in the coming decades. In health promotion, empowerment for health is a process by which people get greater control over decisions and actions that affect their health. A distinction is made between empowerment for the health of the individual and the health of the community. Empowerment for individual health primarily refers to the individual's ability to make decisions and exercise control over its personal life. Community health empowerment assumes that individuals act collectively in order to gain greater influence and control on the determinants of health and quality of life of their community, this being an important objective of community action for health. It generally involves the beneficiary, the development of a confidence in their own abilities and actions, together with access to control of resources, representation in the decision-making bodies and the participation of planning processes.

On the other hand, the concept of empowerment has occupied a primordial place in **community psychology**, denoting both a value orientation and a process with cognitive, affective, and behavioral components (Rappaport, 1981; Zimmerman, 2000). It has been pointed out as one of the fundamental ways to the development and transformation of communities (Montero, 2003).

For Powell (1990), empowerment is the process by which individuals, groups, and communities come to have the ability to control their circumstances and to achieve their own goals, striving to maximize quality in their lives. Suppose five people in a local community are concerned about the dumping of toxic waste that a chemical company carries out in the vicinity of their community. These people get together and decide to come together to find a solution to this problem. Suppose, then, that they organize and create in their local community an association for the defense of their environment, and that they progressively get other community members get involved. The situation described represents an empowering process that not only assumes an individual level (originally coming from individuals -neighbors- with a sense of control personal, with critical knowledge of the socio-political reality) and group (union of these individuals reflected in creating an organization in the community) but community (involvement of other members in the association). Suppose this association mobilizes other resources in your own community, such as seeking and getting the support of other structures mediators of your community - neighborhood association, local school, political unión. Supported by other community structures, let us finally assume that this local force succeeds in changing local waste disposal policy. In this hypothetical case, individuals, organization and community have mobilized resources that have allowed them to have the ability to control their circumstances and achieve their own goals, striving to optimize their quality of life. In short, from different levels, and specifically from an individual to a community level, there has been a process of empowerment.

McWhirter (1995), describes empowerment in more detail. The process by which powerless individuals, organizations, or groups:

a) become aware of the power dynamics that they operate in their vital context,

b) develop the skills and ability necessary to achieve reasonable control over their lives,

c) exercise that control without infringing the rights of others

d) support the empowerment of others in the community.

Therefore, considering all these definitions, we can broadly say that *empowerment allows people to become aware of the situation in which they live and based on this perception of their context, they can develop their ability to change it, that is, actively participate in the transformation process.*

2. Methodology

From these ideas, we can consider that empowerment can occur at different levels of analysis: individual, group, organizational and community. It is, therefore, a multilevel construct; it is necessary to analyze the reality of people according to the different levels to understand why certain organizational, political or economic aspects have a specific weight to acquire, or in contrast, to inhibit, the processes of control and of domain (empowerment).

Both the processes and the results of empowerment vary along the different levels suggested by empowerment theory. So Zimmerman (2000) establishes a comparison between the processes and results that operate at the individual, organizational and community. This author considers as processes of empowerment at the individual level, learning to take decisions, manage resources, or work as a team with others. The operational result of empowerment at the individual level can be, according to this author, the feeling of personal control, critical awareness or participatory behavior.

And the other hand, the concept of paternalism and how it concerns us in our social intervention work. Paternalism, according to the Royal Spanish Academy, is the tendency to apply forms of authority and protection of the father in the traditional family to other types of social relations; political, labor, etc. Thus, in our social occupation, paternalism consists of resorting to the power or authority that comes from the profession in order to intervene in favor of the people served and their interests, being able to restrict their autonomy and their ability to make decisions.

When professionals attend to people, we move between the deontological code of our respective professions, the theoretical framework and the ethical commitment in our actions.

We can distinguish negative paternalism from positive paternalism. The first one, referring to not taking into account the opinion of the person served and making decisions for her/him; and the second one, focused on prioritizing well-being of the person served, her/his autonomy in the cases indicated by her/him. Human beings are adults, no one can ever make decisions for the citizens, although sometimes there are exceptions that can be explained from political philosophy and from ethics. For example, "it is advisable that I take the medication for my good and my clinical stability, since if I don't do it, I can hurt others". In this case, protecting the person for his or her good is different from authoritarianism.

For this, the choice of language is essential. The language traditionally used to describe aid processes unconsciously reinforces peoples´dependency and creates a view of people as clients who need help of a one-way nature. This language, according to Rappaport, limits the discovery of resources and strengths and reduces the possibility of people helping each other. An approach to the empowerment approach replaces terms such as clients and expert with participant and collaborator. In short, it must aim for a language that transmits to the subjects the opportunity they have to promote their own skills and to control/mobilize their own resources, totally dispensing with expressions in which the subjects perceive that they are being helped or that they are going to be provided with services.

So, how should we social professionals act? As we already know, extremes are not good. Non-paternalism would be ethical behavior par excellence that we should develop; ensuring the well-being of the individual, taking into account their opinion, their self-determination, always accompanying them towards their autonomy in society. For example, a person requests food assistance or transportation

assistance and without reflecting on why they cannot meet that need; what is failing and what can you do to improve it, professionals accept this support without going further and also proposing other types of interventions that really help the person. Moving to extremes. I often ask myself: if the way out of paternalism is the liberal abandon, what would you choose?

There are some “more subtle” forms of paternalism that can often occur when caring for people, such as not informing the person cared for about certain issues or revealing information that should be confidential “for its own sake", or, for example, treating people with disabilities as if they were “boys and girls” all their lives, often being people older than the professionals themselves, again with discriminatory language.

In this sense, if, as I said before, paternalism breaks with the autonomy of the person served: *Is paternalism justified in certain situations*? Some experts who have reflected and debated on this topic, think that in some circumstances, such as in the case of children, people with difficulties in some of their capacities, people with serious psychiatric crises, etc. paternalism is totally justified and that it would even be amoral to resort to the value of autonomy. Even so, on these occasions, autonomy should be respected directing it towards the guardians, relatives of these people or documents where the person leaves in writing how to act with them in case of crisis (for example: Protocol of action before the patient with mental illness in serious crisis with risk of self-harm or suicide, etc.) In order to understand the complexity of what we occupy, I am going to expose a dilemma about the freedom and autonomy of people. To do this, we can ask ourselves: would there be any situation where it would be accepted only a coercive action on persons with a psychiatric decompensation?

Joan Caminas, PhD in Philosophy, in his lecture "Human Rights and Ethics of Care" at the VII Congress of the Madrid Association for Psychosocial Rehabilitation 2020: "Mapping Human Rights in Psychosocial Rehabilitation", explains how sometimes applying a coercive measure may be for your good. Well then, basing ourselves on the Philosophy of Ethics there are first class protective coercive actions levels, which would be appropriate. To accept what seems unaffordable from autonomy and empowerment, What conditions must be met?:

1- The action that we are going to carry out, in this case the measure of coercion must be necessary to protect a basic good, in this case the life of the person. It must be effective, efficient, proportionate and respectful, that is, have we exhausted all previous aid measures? we can't anymore do anything else?

2- the person, at that moment, does not have the capacity cognitive and volitional; or at least not able to understand that situation.

3- If the person had the ability to understand it, she/he would be in agreement with the action (document of wills anticipated).

4- A fundamental right to third parties is not violated people.

5- It generates a reasonable "moral discomfort" in the people who decide and exercise it. That is, it is an ethically correct measure, but it makes me feel bad, something like it gives me "guilty conscience."

Undoubtedly, a very controversial and debatable issue. However, from theoretical models, for example, the person-centered model, or the recovery model, in the case of people with severe mental disorder and deontological and ethical codes, these dilemmas can be resolved.

3. Evaluation

In the empirical experience of designing, implementing and evaluating human development programs with marginalized and/or vulnerable populations, it has been observed that these go beyond behavioral changes, even achieving the development of “personal agency” and empowerment.

The Mexican Institute for Family Research and Population, A.C. (IMIFAP) has been involved for more than 20 years in the development of programs of human and community development, based on research on health issues and the reduction of poverty.

In the previous point we have already explained what empowerment is. But what is agency? In psychology, agency has been defined as “the degree of autonomous functioning” (Kagitcibasi, 2005), adding that agency is the deliberate control that underlies autonomy. According to the Nobel Prize in Economics, ***Amartya Sen***, agency is the ability to define one's own goals autonomously and to act based on them: “what a person has the freedom to do and achieve in pursuit of the goals or values that he or she considers important” (Sen, 1985). Thus, the concept of agency incorporates more than action; it also includes intention, meaning, motivation, and purpose that individuals imbue and purpose that individuals imprint on their activities (Kabeer; Sen, 1999).

We propose to use the term agency as an umbrella concept that captures the various aspects of healthy and competent individual functioning.

The World Health Organization Disability Assessment Questionnaire (**WHODAS 2.0**) is a generic assessment tool developed by WHO to provide a standardized method of measuring health and disability among cultures. It was developed from a comprehensive set of International Classification of Functioning, Disability and Health (CIF) dimensions that are reliable and sensitive enough to measure the difference made by a given intervention. This is accomplished by evaluating the same individual before and after the intervention. A number of studies used systematic field tests to determine the cross-cultural applicability, reliability, and validity of the questionnaire, as well as its usefulness in health services research. We found WHODAS 2.0 to be useful for the assessment of health and disability levels in the general population using surveys and for the measurement of clinical effectiveness and productivity gains from interventions. The Agency concept and the equivalent psychological concepts are processes that occur at the individual level. However, the process of developing agency usually has implications at the social level. Once the agency begins to impact the family, the colleagues, organizations and the community, as we have already discussed becomes empowerment.

The following are psychological concepts that were included in the construction of the **Scale to Measure Personal Agency and Empowerment (ESAGE)**:

1. Self-efficacy: Bandura has linked the idea of agency with self-efficacy, proposing that individuals have their own system that allows them to exercise some degree of control over their thoughts, feelings, and actions (Bandura, 1998, 2001, 1996)

2. Autonomy: Kagitcibasi defines agency and autonomy as coincident: "Autonomy is to be an agent and at the same time act with one's own will, without a sense of coercion" (2005, p. 404). Autonomy has been found to be linked to satisfying and authentic relationships with others (Hodgins, Koestner, & Duncan, 1996) and with well-being (Ryan & Deci, 2000), in both more traditional and more Western communities (Deci & Ryan, 2000).

3. Self Determination: The Self Determination Theory proposes that true agency requires autonomy, stating that competence (acquired through skills), connectivity and autonomy are essential for lasting personal growth, integrity and well-being (Deci & Ryan, 2000).

4. Control: The concept of control is often associated with the “Locus of Control”, a continuum proposed by Rotter, 1966 which reflects an individual's generalized expectations about what determines rewards (or lack of rewards) that one gets in life. People who have a strong internal locus of control believe that their own actions determine what happens to them; success or failure is due to their own efforts. In contrast, external control implies that one's own behavior does not matter as much and that one's rewards in life are controlled by luck, chance, or other people who are powerful. Therefore, people with high external control see little impact of their own efforts on the amount of information they receive.

In order to be able to measure these two components, agency and empowerment, a scale was built that shows that they are two related and separate concepts at the same time: the Personal Agency and Empowerment Scale (ESAGE) is made up of two subscales; personal agency with 35 items and empowerment with 7.

Agency is difficult to measure because it often operates in different ways; it can take the form of decision-making, negotiation, assertiveness, and other cognitive processes of reflection and analysis (Kabeer, 1999). In the psychological literature, agency is frequently linked to various similarly "named" psychological concepts (self-efficacy, autonomy, control, self-determination, etc.) and is measured through them.

In a first effort to measure agency and the empowerment of people, the Personal Agency and Empowerment Scale (ESAGE) was designed, which incorporated items grouped into the following variables:

1. Self-efficacy.
2. Self-determination.
3. Control over my behaviors
4. Independent thinking
5. Identification of need for change
6. Fear of success
7. Recognition of my learning
8. Perception of my context
9. Control over my environment

The ESAGE is self-applicable and each reagent can be answered on a Likert frequency scale of frequency with four options: “never”, “almost never”, “almost always”, “always”.

Despite the difficulty of measuring empowerment, measurement can be important, as Kabeer points out, in the attempt to quantify the concept of empowerment seems to place the idea on "more solid ground and objectively verifiable" (Kabeer, 1999).

There is a lot of research in the area of women's empowerment, and there are a number of different approaches to its measurement. The Cairo Conference of 1994 linked empowerment to a broad group of favorable demographic outcomes and identified three key areas concerning women's empowerment:

- Better health.
- Access to economic resources.
- and reduction in gender inequality (Williams, 2005)

Development economists demonstrate the link between women's empowerment and economic growth, market failures, labor inputs, etc. On the other hand, many initiatives have been undertaken to enhance the empowerment of persons with disabilities in developing countries. Articles were eligible when they described the development, validation, translation, or use of a tool that measures empowerment in the context of disability. The instruments were evaluated for their psychometric properties and their equivalence properties when they were translated. The results obtained were 36 articles in which 17 questionnaires were developed, validated, translated or used. The questionnaires varied in the empowerment builder, the target population and the psychometric properties. None of the questionnaires was developed or validated in a developing country. Psychometric properties and equivalence criteria were not properly described or measured anywhere in the article. The Rogers Empowerment Scale (ES) was the questionnaire validated, translated and used with greater frequency, receiving the highest number of ratings positive for psychometric properties. Therefore, the EE is the most widely used tool to measure empowerment, but proper validation is still lacking in the context of a developing country. Cultural validity should be tested in any culture before use. Further research is needed to develop empowerment instruments for developing countries and to assess equivalence criteria, including the psychometric properties of such questionnaires.

4. Development of the intervention

So far, we have tried to argue the reasons why empowerment becomes our starting point to direct and adapt the intervention to the people we serve, accompanying them in processes of personal growth, regardless of the social group to which they belong.

Empowerment, as we have pointed out, is a **multidimensional social process**, therefore we must understand it at the individual and population level, in this way both individuals and the groups to which they belong will achieve better knowledge and greater control over their lives and from here to transform their social and political environment to improve their life circumstances that are related to health.

For this reason and rescuing the concept of empowerment by ***María Isabel Hombrados and Juan Manuel Domínguez***, who contribute in "Psychosocial Intervention Strategies", the "Empowerment Theory" where they explain the process by which the individual or the community of individuals acquires resources and control to undertake activities or get involved in behaviors that previously they transcended their abilities (Adams, 1990). For example, an immigrant person will have greater ease in their empowerment process, if they are given access to a network of resources, knowledge of the language, work, etc.

In addition, when talking about empowerment, it is done at different levels: people, organizations and communities. But at each of these levels two different events take place: empowering and being empowered.

In brief, empowerment is the result of development of the empowerment of the individual, where we focus on creating the most suitable conditions to meet the specific needs of a group, with similar characteristics.

In our intervention, we must take into account the existence of interdependent **levels of analysis** for empowerment (Zimmerman 1995, 2000):

- Psychological level: level of individual analysis.
- Organizational level: processes that provide the necessary mutual support.
- Community level: refers to the work of individuals together in order to improve the quality of life in the community.

After observing this implicit correlation between the individual and the group of individuals, we are ready to offer these types of intervention:

4.1 Psychological level

For each of us, empowerment is an important element of human development. It is a process of taking control over their own life and responsibility for actions that have the purpose of reaching their full capacity.

Usually we can find four dimensions in empowerment:

- self-confidence,
- participation in decisions,
- dignity and respect,
- Belonging to and contributing to a more plural society.

This process begins with the individual definition needs and desired goals by focusing on the development of capacities and resources that support it. The empowerment of individuals is directed to help self-determination and autonomy, so that can exert more influence in decision-making social and political, and to increase their self-esteem.

As a result of the empowerment process a “critical consciousness” emerges in the individual, as he or she becomes critical of social rules that had previously been accepted without question (Kabeer, 1999). As people develop the capacity and the means to choose, they begin to establish personal values and preferences that may challenge traditional social rules.

In the different social interventions, the theoretical model on which we base ourselves as professionals is very important. For example, according to the **Intress Mental Health Person-Centered Care Model (MASMI 2.0)** each person has the right and ability to choose for themselves their way of acting, to be responsible for their actions and to be the owner of their own destiny, acting with free determination and autonomy. The perspective of the recovery model takes the person as the true protagonist of his/her therapeutic and growth process. The person is the actor of his/her life. In the different meetings (experts in first person and professionals) that we have had to prepare the Intress MASMI, we have worked on the concept of "empowered and highly involved patient", establishing a series of conclusions regarding the person attended and the professional:

- Professionals and people in care can collaborate to establish a renewed model of mental health intervention in Intress, based on collaboration and humane treatment, a shared leadership that contributes to the transformation of mental health care.
- Flexibility, horizontality, the humanization of care, knowledge from experience, mutual support, and two-way communication are seen as key factors in feeding this renewed model.
- A model facing ambitious results with separate high levels of symptom remission or mere occupation, intended to achieve and develop personal mastery and growth as a person.
- In order to face these new challenges, it is essential to evolve towards participatory care within a multifactorial ecosystem in which they are involved different actors, agents, people and in particular, the person receiving care, acquiring an active role not only in their process of change personal but in the care processes to be developed in the services.
- A model that sets its coordinates to guide values such as hope, self-determination, empathy and the ability to overcome.

Another bibliographical reference and example from Mental Health can be found in the **PARTISAM Guide** where they offer a series of guidelines in the individual processes of intervention and treatment:

- **Active listening of the professional**: the person needs to transmit that experience to be understood and face the disease.
- **Recognize the person as a mental health expert**: the professional must change the vision about the person so that his/her role becomes active by giving value to his/her experience.
- **Ensuring informed decisions**: the person must have access to the Individualized Care Plan (in some centers they participate throughout the process and in the meetings where the plan of objectives is established)
- **Promote independent living**: accepting the current situation in which the person is and providing tools that facilitate access to participation.
- **Promote the construction of a life project**: and to be able to carry it out, it is necessary to include economic and social, where the person has a job, education, occupation in associative movements, improvement in family and social roles.

- **Promote self-determination**

- **Design an "Agreed Crisis Plan"**: the terms are negotiated in the event of future hypothetical crisis situations, specifying advance directives. In this way, the number of hospital admissions can be reduced.

- **Establish individualized personal recovery plans.**

- **Get involved in the choice of their caregivers/educators.**

At all times, our intervention will focus on personal possibilities and capabilities, with a positivist and optimistic focus on the person to whom we offer a helping relationship. We won't lose respect for the other, their decision-making capacity, their perspective and the freedom of choice. This will make you have greater initiative and be active in your own process of recovery, interacting and transforming their environment according to their needs and aspirations, transforming in turn themselves.

The person is the protagonist and the agent of his/her own change.

Communities play an important role in the cohesion between individuals. They can generate an interesting social support network during periods of vulnerability. In addition, the empowerment of a community brings with it individual empowerment because it includes the feeling of belonging to the community, the development of political activities and participation in them, leadership in the decision-making process and access to resources.

> “Recovering mental health is much more than recovering from illness, it involves recovering from stigma, lack of resources, setbacks of life and even poverty and other hardships, of hopelessness associated with multiple failures, etc., it also implies overcoming the trauma inherent to suffer from a serious mental disorder or receive psychiatric treatment." Vazquez y col. (2010).

4.2 Organizational level

At this point we want to refer to the interventions that we carry out from the group point of view, what collective. In this sense, the entire movement of associations of both relatives and first persons of any group, will serve as an example of intervention.

In the field of mental health, a movement for change has emerged in recent years aimed at this type of intervention, based on the empowerment of people with emotional problems, the **Mutual Aid Groups**, better known as **GAM**.

They arise from the idea that every person, with his or her skills and personal experience, has a valuable ability to help others and, by extension, to help others and by extension, help herself; the people who participate in it they do it voluntarily and generally, in the absence of a professional, although they can request this help from time to time. They are people who share the same problem that is shared and built from a more objective and less emotional way and may be less emotional, given that the situation is seen "from outside".

It involves a horizontal situation, with relatively democratic, peaceful and concerted forms that act as a joint venture. They are governed by a series of concepts/principles:

- Self-management.
- Self-government.
- Self-administration.
- Autonomous definition of objectives and organization.
- Self-financing.

A recurring request in open debates is the recognition of people with health problems as experts, for their first-hand knowledge of their own needs and resources to meet them. This approach/recognition would allow them to take control of their own lives, enrich the recovery process and thus move towards full autonomy.

In addition to the recognition of rights, it is another of the elements that have characterized the associative movement in the field of mental health is its tireless fight against social stigma and discrimination.

It is easy to identify the advantages of forming associations or intervening with people with mental health problems, taking into account the values of empowerment and empowerment, but at the same time, barriers arise that hinder these avenues of action.

User and caregiver groups have formulated several key attributes of empowerment, some of which may lead to recommendations for action on empowerment at different levels of people served:

- Decision-making power: Mental health professionals sometimes feel that people attended by the service and their families lack the capacity to make decisions or to do it correctly. As a consequence, the services frequently adopt a paternalistic position, limiting the number or quality

of decisions that the people served and their families can make. It should be noted that, without support in decision-making, the people served remain trapped in dependency relationships that last over time. No one can be independent if they don't have the opportunity to make important decisions about your life. In some cases, the denial of legal capacity is the main obstacle to decision making: a person is legally prohibited from making decisions. People with mental health problems should have legal capacity, in terms of equality, in all aspects of life and likewise, states have the obligation to provide help to people who need assistance to take decisions.

- Access to information and resources: decisions are not made in a vacuum. People only decide correctly when they have enough information to assess the consequences that derive from various possibilities of choice, in other words: the decisions have to be informed. Again and as a consequence of paternalism, mental health professionals frequently restrict information believing that they do so for the benefit of the people they care for. This fact becomes a fulfilled prophecy, since due to the lack of adequate information, people attend decisions in a way that confirms the belief of professionals about their inadequacy to take decisions.
- Wide range of options to choose from: making a sensible choice means that the people served have been able to learn about all possible relevant options, and that they have received all the help required and suitable for making that choice.

4.3 Community level

At all these levels and in their interrelation, we must not lose sight of the principles of intervention community:

- Sociodemographic characteristics and different needs.
- The characteristics of the context (family, work, friends) determine the type of performance.
- Changes in the sense of potentiation depending on the needs of the subject and characteristics of the context.
- Interaction of three components: intrapersonal (how they see themselves), interactive (idea of their community and control over the environment) and behavioral (actions aimed at empowerment).

The practice of empowerment finds its way acting through:

- Citizen participation: means by which the people access and control resources, and it implies both the collective awareness and the individual commitment of people. They promote the awareness of belonging to the community.
- Community development: voluntary cooperation and mutual help of people who live in a similar environment. Neighborhood associations as keys to community development.

Hombrados and Gómez propose detecting needs, creating entities that encourage self-help, developing employment opportunities, promoting actions that serve to improve physical and mental health, and teaching them to be leaders of entities within the community.

Fawet et al. point out that community empowerment should be understood as a result of the interaction between environmental and behavioral factors, taking into account three dimensions: the person or group, the environment, and the level of empowerment. It is proposed as a transactional model in which the environmental elements that affect the actions are at the same time influenced by the actions of individuals and groups:

- Personal or group factors.
- Environmental factors.
- Stressors and barriers.
- Support and resources.

In this sense, we find in the Community of Madrid an excellent example of organizational and community strengthening in the specific field of culture. In this community, the Coordinator of Cultural Associations of Madrid (Coacum), created in 1988, brings together various cultural and neighborhood

groups from neighborhoods and municipalities in the Madrid region. It is a Federation of Cultural Associations whose purpose is the sociocultural development of the Community of Madrid. In their own words: they guide their projects towards a social transformation, for a plural concept of life and the world, based on a broader social participation than that carried out by public and private powers. This Coordinator, which supports and encourages a participatory culture, linked to citizen movements and neighborhood associations, and which it becomes a place of meeting and communication, proposes dialogue as the engine of cultural activity, both in the artistic sphere (theater, painting, music, cinema,etc.) as in the social (debates, conferences, symposia, etc.). Coacum carries out the following actions:

- Coordinates the activities of the member associations for greater efficiency, thereby enabling the organization of activities or assemblies that exceed the resources of a single association.
- Seeks collaboration with the Administration and others organizations to facilitate the task of these associations.
- Puts in relation to the associations favoring the exchange of material and human resources.
- Prepare informative notes and documentary material (about cultural centers, Festivals, Samples, etc. of the Community of Madrid, town halls and the European Community);
- It also manages projects and work programs with institutions such as the Center for Theater Documentation, the General Society of Authors, etc.

We see, therefore, that this cultural coordinator helps to create a community in the field of culture strengthened by being an empowering and empowered organization that works with community resources in interest in a common social project linked to development culture.

In this methodological approach, the figure of the **community controller** appears whose mission will be to offer strategies so that the community is conceived as an agent of change with resources available for the control of their lives and problem solving.

The approach to resources implies a greater involvement of users in the practice of community work. Far from a paternalistic attitude centered on a deficit model, from the empowerment model are considered to have sufficient resources and skills like to help and be helped. People pass to be collaborators and the collaborator is an involved participant, thus the process of mutual influence is generated ***(Chavis).***

5. Practical example

Lola (fictitious name) is a woman who lives with her husband and thirteen-year-old daughter in the town of Getafe. Her psychiatrist assesses referral to resource center labor rehabilitation, being already attended by the Center of Getafe. In the first moments, the team focuses on attention in the evaluation process of Lola through attendance at different pre-work workshops and appointments maintained with the professionals of the center (psychologist, workshop teachers, job coach, job placement technician and occupational therapist).

In the preparation of her Individual Work Recovery Plan (PIRL) in April 2019, the professionals invited Lola to participate in her PIRL to agree on objectives in the center.

You are offered freedom to choose the format of this meeting, that is, whether or not you wish to meet with all the professionals, easy scheduling and time to reconcile with her role as mother and housewife, to express herself freely in the event of disagreement or raising new issues objectives, etc.

After this, the needs, expectations and objectives in the different areas of intervention, were the following:

AREAS	NEEDS AND EXPECTATIONS	SPECIFIC OBJECTIVES	SPECIFIC PROGRAMS
Health	“Continued support for the memory problems"	Evaluate cognitive difficulties. Improve skills of coping.	Coping program. Psychological Care program. Happily Workshop.
Autonomy	“Help at the beginning to know the route to go to the places”. “I would need money for transportation to interviews and to start working"	Support the beginning of routes to learn the routes. Manage the process started in November for a new assessment of the certificate of disability. Seek financial aid in general.	Psychosocial functioning program.
Formative, labor and legal	"Find a job (during your daughter's school hours): tele-surgery, graphic design accompaniment, cleaning, etc." “She thinks that need to learn job search techniques”	Learn job search techniques. Search for work in Sheltered employment. Know the functions and tasks of different work áreas.	Training program in active job search. Vocational guidance program.
Job Adjustment	I would like to have a more professional style.		Pre-work workshops
Social network and leisure	“I would like to go out more and have more time and have more contact with colleagues from the Day Center, a friend or people from the CRL”	Know her husband, to understand the family dynamics. Strengthen the supports that she puts in place.	Family program

As we can see, since Lola's reception, she has been expected to make decisions and participate actively, according to the principles of empowerment.

Now, focusing on the intervention, we will develop the case according to the levels of interdependent analysis for Zimmerman potentiation.

Psychological level:

From the month of May, when the intervention of different professionals began, we began to observe Lola's low level of self-esteem, evidenced in the messages that she sends towards her person on a continuous basis. She perceives herself with cognitive difficulties, unable to be functional in her daily life and structure the times of domestic activity, during the pre-work workshops, she appears nervous and interfered by thoughts related to the home economy, her role as a mother and wife.

In the coordination maintained with the center of the day she goes, they tell us about the difficulties they are having with Lola to work on cognitive abilities, since she constantly prioritizes the demand for her living environment over herself and is not constant in attendance.

From the CRL, we try to adapt the times that dedicates to each task starting with self-care, but find it difficult to integrate and carry out the guidelines offered. On the other hand, she maintains intermittent attendance at individual vocational guidance, adjusting the schedules to her needs. She also has appointments with a job coach where they train in active job search, focusing on the "interview" part and assessing job opportunities.

We began to provide support to manage income at home, the application for economic benefits and suggestions for balancing her role as a mother, housewife and wife.

We invite Lola to keep an appointment with her husband to discuss all this part and she accepts, but during the coming months in which we try to contact him, on one occasion there is a meeting with the husband, who downplays the alleged mismanagement of the economy at home and attributes to Lola impoverished qualities. In the meantime. Lola tells us her concern about her husband´s strange behavior and how he takes money from the joint bank account and gets debts and agreements with people she does not know. This makes her feel not safe and distrust around her husband and fears for the consequences that her husband's actions may bring about her and her daughter, turning the home into a hostile environment.

At the end of December, Lola tells us her intention to divorce her husband because "he is dragging us to my daughter and me". She declares this intention to her relatives who support her in the decision. She manages to have a meeting with the lawyer in January, but months later and with the arrival of confinement, the idea declines and prefers to wait to see if her husband changes.

The confinement interrupts in part, the process of empowerment and clinically worsens her situation, being supported by the technical team and her psychiatrist through video calls, calls and WhatsApp messages. During this time, she agrees to start a food handler course, handling the tablet and her daughter's laptop. At first, she is hesitant "because I'm big hands and I'm going to break it" and we invite her to ask the little girl for help and she does so, turning out to be positive because she accepts. She is unable to finish the training, but, on the other hand, she conveys that she has been able to interact with her daughter in a different way, regulating her role as a mother in this sense, not always being the one who provides care.

The first face-to-face appointment at the CRL arrives in June, after the reassessment of the objectives and her incorporation to a job position that we list at the community level.

Organizational level:

Lola has good social skills and engages with ease conversation with the Friends of the center. During the month of June, she is interested in collaborating in the shopping, preparing the list and making notes on a notebook, products and accumulated spending. Soon, she leaves because of the care and worries arising from the lack of control of the psychosocial problems (household, family relationship, economy of the home, etc.)

Already in October, she is offered to go to a painting group where she develops art in the matter and thus the members of the group make it see. Manages to stay in the confinement situation, where she is shown interested in the group of women that arises in order to give mutual support, exercising an active role, indicating the experiences and activities of the day, encouraging the companions, sharing photos, etc.

Community level:

As we had agreed with her, in May we began the assessment of the benefits that can help you acquire a greater financial cushion. We inform her of the RAI, an income intended for people with long-term unemployed disabilities. We support her in the procedures and finally, in mid-June, she begins to receive

this income. We then talk about compatibility with a job, but Lola fears losing the benefit. Even so, she decides to go ahead with the itinerary. Training-labor to continue growing.

Meanwhile, Lola informs us that she has requested the reevaluation of the certificate of disability of 38% with the intention of obtaining 65%. Her intention is to go for an incapacity for work that gives them access to other economic benefits. She herself requests referral to a neurologist from primary care. Later, the neurosurgeon informed her of the detection of some spots on the CT image that could be related to her cognitive impairment. In parallel, we value passing a simple scale for detecting cognitive impairment where the result does not evidence such a problem.

Lola requests accompaniment for the assessment in the base center, of her degree of disability. Both professionals who care for us, psychologist and doctor, they conclude that Lola's clinical situation has not changed. Lola alleges her cognitive deterioration and the report of the neurosurgeon, but both tell her that it is not conclusive to justify cognitive deterioration and they need the evaluation of a neuropsychologist who argues such a fact.

They give her messages of strength, because she is a woman capable of running her home, taking care of her daughter and assuming a future job with the abilities that she preserves despite her medical history, considering that she can become a fully functional woman.

In June she attends the employment day of Esencial Jobs, a company with which an interview in cleaning arises that finally does not go ahead.

In July, we informed her of the possibility of enrolling in Getafe's job training program called POEFE de ALEF. Consider applying for the "Cleaning surfaces and furniture in buildings and premises" course. She also enrolls and goes in December to the interview of the POEFE of Móstoles for the course of "Aesthetic Assistant" but fails to get the place.

In September, she goes to an interview with a placement agency that finally fails.

In January she told us that she has begun to find out about how to process a divorce with her husband through the Getafe Women's House and a lawyer.

In this same month, CEE Manantial Integra offers us some non-labor practices (PNL) cleaning from February to March, with the possibility of joining a employment exchange. We put it to Lola and she transfers her fear of losing the RMI again. We see with her that it is a risk to contemplate and we invite her not to lose sight of the opportunity to see for herself, if she has sufficient skills in the execution of the tasks derived from the cleaning position, in a work environment. She decides to go ahead with the process and we help her prepare for the interview with Manantial.

The good news comes days later, after accepting Lola's candidacy as a cleaner in a mini residence in the south of Madrid.

The first day she gets lost, but she relocates and manages to arrive. She feels welcomed by the different people who are in the mini-residence.

At the end of the practices and coordinate to see the results, they tell us that Lola has satisfactorily passed the PNL and go on to incorporate her job profile, in the job market.

After confinement, in May the call takes place to work in the month of June. The contract lasts a few days. Lola welcomes the news well because she knew that she was an IT and it could happen. She appreciates that she has had some slip-ups and doubts during the performance, but she feels that she has done her job well.

In mid-June, the CEE Manantial Integra contacted her again to offer her cleaning work from July to the end of September. Accept this new opportunity with enthusiasm.

Before she starts her new work itinerary, we meet with her to follow up on her goals and the changes are observable:

AREAS	NEEDS AND EXPECTATIONS	PREVIOUS GOALS	EVALUATIONS /PERCEIVED CHANGES	NEW GOALS
Health	“Improve the messages I give myself"	“Improve coping skills” “Improve decision making”	I have used strategies to compensate for my supposed "memory failures"	Obtain assessment by a neuropsychologist. Work on a kinder speech with myself.
Autonomy	"Receive timely support to organize receipts and payments" "Lose weight"	Improve the daily organization, the care of the health, lose weight	I have spent a lot of time organizing through the agenda, this has made it slower when doing other activities.	Improve the use of new technologies. Receive timely support to organize receipts and payments. Run the house together.
Formative and Labor		Acquire job search strategies. Form Search your work área	I have done a training in cleaning practices and I have found employment. I've always thought I wouldn't like it, but by doing it, I've feeling at ease, motivated and eager to continue. I liked it the work environment. I bring that spirit home.	Better learn the trade. Reduce the physical risk involved in doing cleaning tasks. Work postural ergonomics. Keep the job.
Adjustment Labor		Learn new job skills		
Social network and leisure		Strengthen the support that sets in motion		Improve interpersonal communication with friends and family. Have time to go out.

As we can see, with the experiences acquired in their personal environment, in training and employment, little by little Lola is managing to empower herself and embrace a more real and friendly figure of her person, projecting new growth goals.

Currently, she continues to develop her work as a cleaner in the Mini residence and we continue to go with her in her empowerment process.

6. Conclusions

As we can see, the experiences acquired in her personal environment, in training and employment, has assumed a process of change and transformation towards a kinder and more realistic view of herself. The contextual possibilities have facilitated that Lola has been able to weigh and lead their decision-making, being the protagonist of their recovery and labor insertion. Currently, she continues to carry out her cleaning tasks in the mini-residence and we continue to go with her with an empowering view.

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