Refortalecimiento: Beyond Prevention, Empowerment and Intervention in an Impoverish Community in Puerto Rico

CARLOS VÁZQUEZ-RIVERA
Universidad de Puerto Rico en Humacao, Humacao, Puerto Rico

JACQUELINEE ROJAS-LIVIA
Instituto Internacional de Investigación y Acción Comunitaria, Lima, Perú


Correspondence concerning this article should be addressed to carlos.vazquez@upr.edu

The views expressed here are those of the authors. Except where otherwise noted, the contents in this journal is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. Consultation is possible at https://creativecommons.org/licenses/by-nc-nd/4.0/
Abstract

Refortalecimiento is a strategy for transformation that started with a debate with the empowerment theory. We have been clarifying the notion of refortalecimiento from experiences at communities and academic’s scenarios. As a result, we need to re-imagine some of our concepts to address the consequences of inequalities. In this article, we will present some reflections about three concepts: intervention, prevention model, and empowerment theory based in an Intervention-Investigation (i-i) realized in a community with a group of mothers of children with disabilities (diverse abilities) in an impoverish community in Puerto Rico. We confirmed the need to reevaluate the impact of different concepts/perspectives operating within the project that undermine the implementation process. We learned that the beauty of this process resides on the reciprocity and the fortalezas (strengths) that takes place within all the people involved. But we also find out neoliberal values as: individualism, competition, and everyone for themselves presented great obstacles to overcome discrimination and disparities.

Keywords: community, empowerment, prevention, refortalecimiento, social community psychology.

Refortalecimiento: Más allá de la prevención, empoderamiento e intervención en una comunidad empobrecida de Puerto Rico

Resumen

Refortalecimiento es una estrategia de transformación que inició como un debate con la teoría del empoderamiento. Hemos continuado clarificando la noción de refortalecimiento desde experiencias en escenarios comunitarios y académicos. Como resultado, se entendió que es necesario re-imaginar algunos de nuestros conceptos para abordar las consecuencias de las desigualdades. En este artículo, presentaremos algunas reflexiones acerca de tres conceptos: intervención, modelo de prevención y la teoría del empoderamiento basado en una Intervención-Investigación (i-i) realizada con un grupo de madres de niños y niñas con impedimentos (habilidades diferentes) en una comunidad empobrecida en Puerto Rico. Se confirmó la necesidad de reevaluar el impacto de los diferentes conceptos/perspectivas operando dentro del proyecto que socaban el proceso de implementación. Aprendimos que la belleza de este proceso reside en la reciprocidad y las fortalezas que tienen lugar en todas las personas involucradas. Pero también identificamos que, valores neoliberales, tales como: individualismo, competencia y cada quien para sí mismo, presentan grandes obstáculos para superar la discriminación y las desigualdades.

Palabras claves: comunidad, empoderamiento, prevención, psicología social comunitaria, Refortalecimiento.
“[...] it is not the discourse that judge the practice, is the practice that judge the discourse.”
Freire, (1984: 112)

Introduction
In this article, we will present the reflections around the concept of refortalecimiento as strategy to deal with inequalities in impoverish communities, specifically among children with special needs (diverse abilities) and their families.

Particularly, the debates around three concepts related with the Community Social Psychology (csp), as intervention, prevention, and empowerment, in the process of the implementation of the ProSerEs project. Refortalecimiento is an evolving concept designed as a strategy to work within the five layers (personal, group, community, organizational, and institutional) of “involvement” (implicación in Spanish) as part of the csp approach. We will begin the article putting in to context the socioeconomic reality of Puerto Rico, followed by a general theoretical framework of the csp and the intervention-investigation approach with a discussion of the intervention concept, the prevention model, and the empowerment theory. Then we will share what we have learned about refortalecimiento throughout our intervention-investigation experience and we will finish with our lessons learned in relation to how the community, parents, and people with disabilities (diverse abilities) encourage deep reflections around the concepts that guided this experience.

Puerto Rico is one of the two “old-line” possessions in the Caribbean and the oldest colony in the US This represents the broader historical and actual context of any “intervention” made in a “neither foreign nor domestic” unincorporated territory according with US Supreme Court definition (Morrison, 2013), that affects our entire social system: from our economic and health infrastructure to the formation of our identities as Puerto Ricans. Our histories are intertwined as a part of a colonial system. According to the territorial clause of the US Constitution act, iv section 3: “the Congress shall have power to dispose of and make all needful rules and regulations respecting the territory or other property belonging to the United States”.

For the first 54 years (1898-1952), after the finish of the Spanish-American war, the US Congress and Presidents imposed about 19 different men (military and civil) to rule us. During a brief period of time (1952-2016: 64 years) the US Congress ruled again that Puerto Ricans, to administrate their property belongings, should have some internal autonomy concentrated on the election of a governor, legislature, and send one non-voting delegate to US Congress, but core elements of any democratic system are still out of our control, like immigration, military forces, external relations with other nations, and our legal system being subedited under the US federal one. Moreover, since 1920 we are ruled by the Jones Act (an outdated anachronism rule, to say the least) that demands maritime transport to move products to and from United States and Puerto Rico be carried by vessels that are owned by US citizens, registered by US flag, been built in the US, and being operated by predominantly US citizen crews. In 2016 the Congress imposed on Puerto Rico a Fiscal Oversight and Management Board who have power over the few democratically elements, mentioned above, including our Constitution like the “old-line” colony practices (promesa law, 2016). Finally, the country is in bankruptcy with an economy in recession from the past 10 years, one devastating hurricane (hurricane Maria in 2017), earthquakes (2019), and a Covid-19 pandemic (2020).

Public Housing and ProSerEs Project
Public housing projects were undertaken to face the far reaching effects of poverty and unemployment in the 1940s and 50s and under two assumptions: (1) remove impoverish people from the arrabales (slums) spaces where crime and
disease emanate, to erase any trace or memory of the past and give way to progress, in other words, will be eliminating poverty in the island (Díaz Quiñones, 1993), and (2) that the poor had to be purged from any former tie with their rural past or with the spaces and community interactions of their former slum (because slums overcrowding represent a primarily menace to public health and results in family instability and moral laxity) (Puerto Rico Housing Authority [PRHA], 1949).

Currently, Puerto Rico has 325 public housing projects across the island, this is a subsidized system housing unit that are provided for low-income families and is mainly financed by US federal funds. Over half the population lives below the poverty line and faced a myriad of social, economic, and psychological problems associated with chronic multigenerational poverty. One of the objectives of this public housing projects was to make it transitory and to promote ownership, but instead it has become permanent communities. As stated by Oliver-Didier (2016) criminality and drugs related activities are still the main discursive agents employed in the media and day-to-day conversations to stigmatize the communities that live inside public housing. This highly prejudice misconception justified the police raids, occupations, and fences built in and around the project’s perimeters mainly during the 90s making it look like more as a prison instead of a community.

ProSerEs (for its Spanish acronym) was a project that offered psychological, occupational, speech-language, and art therapies to children with disabilities (diverse abilities) in an impoverish community in San Juan (capital of Puerto Rico). In addition, we offered a variety of theatrical techniques and a school garden that allowed us to evaluate their clinical and school progress. Through therapy sessions the need to include their parents became important to improve the quality of life of the children and their families and to reinforce or increase their support network. The endeavor took place in one of the largest Public Housing Project in Puerto Rico, built in 1955, with a population of 12,000 inhabitants (unofficially the account of inhabitants is estimated around 25,000) (Puerto Rico Public Housing Administration, 2014). Local school’s social workers and/or teachers referred the children to our project.

ProSerEs was a project financed by the local Department of Education and the University of Puerto Rico (UPR, which is a public university, the most prestigious one in the island but with their own mark of political polarization). Both institutions have a history of administrative bureaucratic dynamics that not always facilitate the continuity of services needed, leading to serious consequences for the clinical and school’s progress.

ProSerEs had a profound effect on our thought process and practices, especially because there are no sufficient studies about CSP and people with disabilities (diverse abilities) in Puerto Rico. Moreover, because of its focus on changing the social environment that substantially affects their lives instead of changing people with disabilities (McDonald et al., 2017). In one hand, independence, rugged individualism, and belief in self-reliance are qualities that stand out in the US culture, at least for an external observer (Bryan, 2001). On the other hand, dependency denotes lack of initiative, laziness, and a burden to society. In a colonial system, the US people, in general, see the Puerto Rican people as lazy, lack of initiative, and a burden to the US economy, basically the exact same words used, in a recent tweet, by former President Trump (September, 2017) just before his visit to Puerto Rico after the hurricanes Irma and Maria.

Context and Psychosocial Conditions

We found out the majority of children came from nontraditional families, from women as only responsible for their care, and with no presence or continuous absenteeism of men (to take care, as fathers, of their children development). Families were dependents economically of government assistance programs as well as a variety and complex health and mental health problems. In addition, the families reside in a Housing Project
infrastructure designed to imprison their members with constant police vigilance and public areas ruled by illegal exchanges. But also, there are clear displays of solidarity and mutual support mixed with a strange feeling of internal neighborhood rivalry and a strong sense of community belonging.

As a result of the evaluation of the ProSe-rEs project, we found out that the 85% of the children experienced clinical progress and 52% of the children experienced academic progress. However, two of the psychological challenges of the children were their inability to identify their emotions and any positive characteristics about themselves. On one hand, the psychosocial factors helping the clinical progress were: (1) uninterrupted therapies, (2) involvement of the parents, (3) school cooperation, (4) sensitive teachers about the children's disabilities, (5) regular case discussions between multidisciplinary therapists, and (6) good communication between therapists and school personnel. On the other hand, we identified psychosocial factors that worsen the children and youth's conditions and the clinical progress as: (1) no participation of parents in the therapies, (2) lack of disciplinary skills from the parents, (3) children constant therapies absenteeism, (4) change of therapist, (5) constant nonattendances to school by the teachers, and (6) the father missing in the life of the children (Vázquez- Rivera et al., 2015).

To be coherent with the refortalecimiento approach we made a conscious effort to identify the fortalezas (strengths) of the children and focusing them throughout the project. Among the fortalezas (strengths) identified we can mention: (1) sense of independence, (2) perseverance, (3) cooperation, (4) leadership, (5) tolerance to finish the therapeutic tasks, (6) affections, (7) motivation, and (8) the management of their emotions. What caught our attention was the principal protective and non-protective psychosocial factors confirmed by the interviews and discussion groups. The principal protective factors for the clinical progress were the continuous presence of mother and father like persons at home and the continuity of therapeutic services. The principal non-protective factors were problems with reading and writing skills and the absence of the father like person at home.

Throughout ProSerEs, we experienced the transformative force of the people with disabilities (diverse abilities), including physical and mentally, from the children to the parents, from the parents to the community, from the community to the organizations (including ourselves), and from the organizations to the children as a continual spiral of forces, challenges, successes, setbacks, and struggles. The people with disabilities are seen by the general public as a burden to society, dependent, and as if they had fewer rights than the nondisabled. Nevertheless, the people with disabilities (diverse abilities) are one, and probably, the only group that through their will, forces, and fortalezas (strengths) can truly change our surroundings (architecture, streets, buildings, technologies, communications) to be included in a society that constantly exclude them as persons, citizens, and community members. In closed collaboration with the schools, community organizations, parents, and professionals we decided to implement and evaluate our Intervention – Investigation (1-i).

**Framework: Community Social Psychology (csp) and refortalecimiento**

We can begin by saying that the construction of knowledge in the CSP is a conversation. But the important part to understand the CSP is its intent to comprehend the interrelation of people in their communities, the concern to enhance their quality of life taking into account the historic, cultural, and social context of communities. Also, promoting the social justice, equality, and diversity through participation, collaborative research, forging alliances, and community-based interventions, among others (Reich et al., 2007).

We understand the CSP as a way to create psychology (as a reflexive look on how the ecology of knowledge takes form) from a social perspective (surpassing the individual ideology for the person perspective) and community because the other five
layers of “involvement” converge there and the web of relations that are co-forming us as people are established. csp is a standpoint, a continuous way of being, contributing to the creation of social systems where we produce and transform knowledge, taking place in a world giving and co-creating conditions for transformation. This require a continue process of refortalecimiento where the discipline opens itself to a variety of methods to produce knowledge coming from diverse sources and focusing its attention in comprehending the web of relations in which we all are immerse (Vázquez-Rivera, 2016).

The framework of our project was the refortalecimiento strategy where we re-evaluated key concepts related to the csp to lead our work to achieve social justice for the children with disabilities and their families. In the late 90s, we proposed to re-think the concept of empowerment and its limitations as a notion to guide our discipline (Vázquez–Rivera, 2004). The concept of empowerment was transplanted from the us Community Psychology (cp) to csp in Puerto Rico, we usually translated it as empoderamiento or used it the original word in English. Meanwhile, colleagues from Latin America were also struggling with its translation naming it apostestamiento, potenciación, or fortalecimiento. They tried to adapt empowerment with the contributions of many Latin-Americans authors (Freire, Martín-Baró, Gutiérrez, Fals Borda, Dussel, among others) who were already influencing our point of views even before the discipline was named in our countries.

Refortalecimiento is a strategy for transformation and action that started with a debate with the empowerment theory and prevention models. Then it continued towards the necessary metamorphosis from a deficits and weaknesses paradigm to forces and fortalezas (strengths) paradigm (Vázquez-Rivera, 2015). From the refortalecimiento point of view we see the person (not individuals; connected and socially constructed within the society itself) as webs of relations (as strong and fragile as the web itself). Some of the elements that are included in the refortalecimiento perspective are: (a) comprehending our sociocultural inheritance, (b) understanding power as a relation, (c) making emphasis in the fortalezas (strengths), abilities, resources, and skills of people and communities, (d) acknowledging reality as a social construction, (e) comprehending social history as a tool to re-connect the community with the persons social origins, (f) realizing that the person is a collective process in motion, a collage of experiences, (g) that people are active constructors of its own social realities, (h) work from an involvement (implicación) perspective, and (i) that we need to comprehend the social webs, to develop new knowledge and stimulating new relations (Vázquez-Rivera, 2015). To implement this project, we chose an Intervention – Investigation method because of its flexibility and its interchangeable process of research and action.

Method: Intervention – Investigation

Intervention–Investigation is situated in the tradition of action research and Participatory Action Research. We understand intervention and investigation as a continuum. Every intervention has elements of a research, formal or informal, evaluation, literature review, questionnaires, and focus groups, among others techniques were used throughout the duration of the project. Research has the effects on intervention, formal or informal as: challenging established ways of thinking and provoking new questions among participants and researchers beyond the original goals, changes in attitudes, and reevaluating cultural practices.

We started ProSerEs as an intervention, offering services, and then we raised the question of what practical and psychosocial elements are needed to create a support network for the parents and their children?

During the implementation of the project, we developed an assessment of the historical conditions of the community and invited the participants to document their own personal stories from a non-individual and a fortalezas (strengths)
perspective. We invited the participants to be part of the coordination of the support network since the beginning. The main objective was to co-create the conditions to transform the injustice environments of the children with disabilities (diverse abilities) and their parents.

The procedure we followed with the participants was: (1) invited mothers and fathers to form a support network (to the first meeting 25 parents participated but only 10 to 12 parents continuously came to the meetings); (2) collaboratively developed a support network (the participants chose the dates and place of the meetings and established their roles and responsibilities); (3) the participants selected the objectives of the support network and identified their needs, resources, abilities, and fortalezas (strengths); (4) systematically documented all the information about the living conditions of the children and their parents, the socioeconomics conditions of the community, and the practice of raising and disciplining the children; (5) started the planning of the activities; and (6) as a group implemented the plan and continuously evaluated the developed strategies.

We carried out two (2) discussion groups and ten (10) qualitative interviews with the parents and developed two major activities with the children: (1) an interdisciplinary evaluation of the children completing a variety of tasks related with a school garden, and (2) the painting of two (2) drawings, one representing a violence situation related to children with disabilities and the other a solution. A total of 22 drawings were evaluated and exhibited to the community at the Museum of Contemporary Arts in San Juan. The exhibition was called: *The world through the eyes of special children*.

**Recruitment and Informed Consent**

The initial invitation to mothers and fathers to participate in the creation of a support network was through the therapist. Initially the therapists talked and motivated the parents to form part of the group, sharing the benefits for them and their children. The next step was to coordinate and set a meeting in the community between the parents and the facilitators to organize the details. During the meeting the facilitators offered all the information regarding their participation, answered their questions and the positive impact we expected for the children therapy and for the parents’ mental health. We discussed in detail the Informed Consent, objectives, and goal of the support network, that their participation was completely voluntary, that they could leave the group at any time without any consequences for them or their children, and that the whole process would be confidential. At the end of the meeting the parents whose confirmed their interest in participating signed the Inform Consent.

The i-i, as in the Participatory Action Research, means a continuous dialogue between the people involved in the whole process. When we talk about the results of the research and intervention, three concepts stand up among the others: the ideas, believes, and conceptualization between the parents, therapist, and researchers of the intervention, prevention, and empowerment. As a result, the notion of refortalecimiento was counterpointed in its conceptualization and practice with the concept of intervention (present in the discourses and expectations of the parents), the prevention model (present in the discourses and practices of the therapists), and empowerment theory (present in the background formation and past practices of the researchers). The reflections about the three concepts and the evaluation of the refortalecimiento strategy will be the core analysis in the discussion section of this article.

**Discussion: Beyond Intervention, Prevention and Empowerment**

The prevention model and the empowerment theory shared the idea of intervention as its specific form of action. Interventions, in many ways, are related to interfere, come between, or to hinder actions by creating artificial scenarios to interrupt the social and/or cultural course of actions. By artificial scenario we meant that the intervention
imposes new conditions in the way the people relate with themselves, and others relying in two dominant concepts: individual and problem. The idea of individual (\textit{indivisium in se}) as undivided by itself and \textit{(divisum a quolibet alio)} separated from everything else and introduces him/herself as self-sufficient with no link to anyone or anything else (Guareschi, 2008); and the idea of problem with its tendency to overload and magnify our interpretation of life events provoking us a paralyzing effect that inhibit our actions (Vázquez-Rivera, Escabí, Quiñones & Pacheco, 2012).

Gergen (2007) pointed out one of the problems with the concept of empowerment, is its “self-contain individualism” which is part of the characteristic to decentralize the person moral and social context and making the assumption that control resides more in the individual than in their relations. In addition, the use of the idea of intervention has become polemic because of its relation with the classic notion of power, with a unilateral action and a predominant role of the professionals (Moreno, 2008; González-Rey, 2014). Through our experience in \textit{ProSerEs} we became more and more aware about the need of changing the intervention approach; instead, we joined other colleagues in the use of an “involvement” (\textit{implicación}) approach, because it highlights to connection, to immersion, to commitment. Also, “involvement” intends to rethink the idea of the subject-object separation, the expert, facilitator, collaborator, and agent role as an external one. “Involvement” was one of the challenges that the children and their parents had, not an intervention, because they were tired of interventions. Professionals and agencies with a predetermined agenda who are looking to deliver their solutions to the community in the shape of \textit{better practices} or \textit{evidence-based programs}. Actually, if we really conceptualize our work from an ecological point of view there should not be an external role or position, looking for evidence-based interventions without context in the same spirit of the prevention model.

\textbf{Prevention Model}

The concept of prevention has been criticized in different disciplines, principally because its “vagueness is largely dysfunctional”. As a matter of fact, if someone rethinks the concept, he/she should conclude, \textit{strictu sensus}, that there is no such thing as prevention in the sense that it does not prevent the manifestation of an illness, or problem, but to avoid other individuals to be affected. Immediately the general health system structure put in motion the whole apparatus of intervention techniques built in to reduce the further development of one particular illness or problem. That’s why the principal venue to evaluate a prevention program is basically if it is capable to reduce problems no matter the context where the problem emerged. Following that logic, it makes sense to talk about \textit{best practices} or \textit{evidence-based}\ interventions, or programs, because they do not need to know the context where those practices are implemented. Allowing us to see how one of the principles of the positivist paradigm reveals itself: the existence of natural laws that we need to discover which existence is ahistorical and its scope is universal (Lincoln et al., 2011).

As indicated before, the prevention model does not prevent (avoid in the population sense) but reduce in the individual sense. We should not be surprised when professionals talk about risk groups, in part, because their belief that individuals (despite their idea to be “unique”) has the tendency to “look alike” (in the behavioral and/or socio-demographic sense). The prevention model is designed on an individualistic logic, with practically no regard to the context where people live and interact, that’s not supposed to be the case in an ecological perspective, as the empowerment theory argued to position its interventions. But theorists and researchers recognized that even from the empowerment point of view, a great extent of studies have been at the individual level (Keys et al., 2017). The dark side of the prevention model is its interest in marketing solutions (in the form of medicine, treatment, or interventions) once the illness or problems already exist.
The prevention model is built under the domain of a positivist paradigm, basically because from the beginning was constructed under the belief that we can predict what was coming next, in other words, is embedded in the principle of causality (cause and effect). Coherent with that principle is the prevention model that does not need to know any social, economic, political, or environmental circumstances to operate, because as part of a positivist paradigm, we need to isolate variables (dependent and independent) to guarantee a proper causality conclusion. In real life (meaning groups, communities, organizations, society in general) we all know very well that the isolation of kind of variables is not only unreasonable but also impossible. The ironic part is the strong acceptance in the capability of the prevention model to predict the necessary elements, or steps, to stop the problem before it happens in any new individuals (primary prevention), or target individuals who fit an specific groups that are at risk for developing a problem (secondary prevention), or contain complications in individuals as a result of an existing problem (tertiary prevention) or actions taken to identify individuals at high risk of over-medicalization (quaternary prevention). But also, we need to remember that the concept of prevention had a very long history along with the idea of illness (Starfield et al., 2008; Hage & Romano, 2010).

The prevention model is so deep-rooted that it has been requested by APA’s Society for Community Research and Action members for a greater focus on prevention as an area of scholarship and practice within psychology because prevention is inextricably woven into the field of Community Psychology in the US and continue to be a prominent area of emphasis (Hage & Romano 2010; DuBois, 2017). The prevention model is defined as universal (appropriate for everyone), selective (for individuals at risk), and indicated (for individual at high risk) “to inoculate individuals against future difficulties and problems”, but also has been added a dimension for health promotion and institutional change strategies, advocate for legislation and public policies (Romano & Hage, 2000). The scope of the concept of prevention has changed over time; in the 60s was basically defined as averting the development of a pathological state; in the 70s was introduced the distinctions between types of prevention and expanded to include the promotion of health; and in the 90s the terminology of risk factors was introduced; according to that history we should not be surprised that prevention turned out to be pronounced as an exemplar of empowerment (Rappaport, 1987; Starfield et al., 2008).

Empowerment Mania

One of the legacies of the miscarriage marriage between empowerment and prevention is considering prevention as an exemplar of empowerment, even when Rappaport (1981) was clear since the very beginning of the path we needed to follow: a “[…] call to arms and that it replaced prevention as our aim because the connotations, the meta-meanings, and the implications are different” (p. 16). But, for whatever reasons, he declared, a few years later, prevention as an exemplar of empowerment, although he “remain convinced that much of what is termed prevention suffers from the maladies [he] suggested several years ago” (Rappaport, 1987: 128). We believe that we are not fully aware of the profound “maladies” of that miscarriage marriage: emphasizing on the individual, analysis based on problems, deficit model approach, frame in a biomedical ideal, and so on (many of these aspects may not be presented as part of the discourses to whom conceptualize the empowerment interventions but operate as a background in the designs, practices and even theorizations of more projects than we want to recognize). At the end, you can almost say that the empowerment prevention (if there is such thing), as a more popular concept, had increased the difficulties to distinguished empowerment from the prevention model. One of the results for the empowerment is its continuous “loss of power”.
The empowerment theory, in practice, followed a similar path of the prevention model, looking to attend the problems in an individualistic way instead of a truly ecological one. Even though, as part of the discourse of empowerment theory clearly introduced it as centered on an ecological model, but it usually defined by placing individuals in a systems-within-systems model and/or like human’s behavior influenced by context (Prilleltensky & Nelson, 1997, 2002; Nafstad et al., 2009). Conceptualizing the ecological model from an anthropocentric point of view and discussing the context as a variable to be measured. It seems to us like Riger (2017: 134) stated, "although community psychologists espouse the ecological model, they may not follow it in practice". Empowerment has been criticized as overly individualistic and conflict oriented resulting in an emphasis on mastery and control rather than cooperation and community (Speer, 2000; Hur, 2006). Some authors have tried to answer this critic distinguishing the individual from the psychological empowerment (Zimmerman, 1990) but, in the long run, the tradition of the psychological, as a concept, hardly separates both: individual from the psychological. In fact, in relation to other disciplines, psychology represents, precisely, the one called to study the individual within the whole spectrum of the Social Sciences.

One of the biggest assumptions of the empowerment theory is to think that we can empower others and by default we —facilitators, collaborators or experts— are empowered and/or cannot be empowered. Christens (2012) synthetized the psychological empowerment conceptual model as a latent construct with emotional, cognitive, behavioral, and relational components. Regarding the relational component he mentioned five elements linked to that component: collaborative competence, bridging social divisions, facilitating others’ empowerment, mobilizing network, and passing on legacy. From the analysis presented by this author about the facilitating others’ empowerment, we can identify more difficulties than possibilities: (a) “is not always possible for one person to empower another” (Gruber & Trickett, 1987), (b) talk about “mutual empowerment” (Pigg, 2002) implying a contradiction: a disempowered person can empower others, (c) mentioned “organic leadership” learning to support others’ growth through listening and thoughtful questioning” (Preskill & Brookfield, 2009) presented leadership as a condition to be empowered, and (d) “those who are more empowered” (Turró & Krause, 2009) meaning there are levels or a way to quantify empowerment. Gruber & Trickett (1987; 353) clearly concluded, a long time ago, that “there is a fundamental paradox in the idea of people empowering others because the very institutional structure that puts one group in a position to empower also works to undermine the act of empowerment”.

In addition, Christens (2013) shared the following question “has the term empowerment in fact been so abused and co-opted that needs to be discarded in favor of a new term? In my opinion is not only a question of terminology, instead of “ideology” or theory, because the term embodies the actions we take guided by the theory or “ideology” linked to the term. Other authors pointed out a central aspect that hunted the empowerment theory about the issue that individual empowerment does not consider or challenge the social determinants of people’s health and does not constitute full empowerment in the sense of transforming the relations of power (Wallerstein, 2006; Woodall et al., 2012).

Furthermore, close concepts to empowerment, as self-efficacy, agency, confidence, self-esteem, capacity, and/or mastery becoming close and interrelated to an intra-psychic experience (where the context plays some role, however, not a central one) but at the end is presented as an individual process. As Woodall et al. (2012: 743) said, “in reality, empowerment simply, at the individual level, does little to influence social change”. Social change is the key concept to which we suppose to move toward to address social inequalities and discrimination. But what is social change anyway?
The realities, needs, resources, abilities, and fortalezas (strengths) of each country have put to the test methods, theories, approaches, and experiences that deal with the challenges that each context offers. We all speak of participation, research, analysis, methods, and social change, but our approach is not always very clear as to what we want to say and in what direction we want to go. Some countries seem to be satisfied with their institutions and governments, and social change means specific adjustments to the laws, improvement of organizations and services to citizens, particular modifications to health and mental health systems, economic development, and attention to vulnerable populations. Other countries seem to be completely dissatisfied with their institutions and governments, and social change means reorganizing the structure of government, reshaping institutions, reimagining relations between people and organizations, and giving economic systems a profound transformation (Vázquez-Rivera, 2009).

Increasingly, many authors strongly doubt that empowerment can lead us to the social change we are looking for, as Staples (1990: 36) stated, individual empowerment is not now, and never will be, the salvation of powerless groups. To attain social equality, power relations […] must be transformed. This requires a change in the structure of power. However, the concept of empowerment is still unsteady by a lack of precision surrounding its relationship to power. Although there is confusion regarding, precisely, what this connection looks like and we lack an integrative theory that explains the role of power in the process of empowerment (Prilleltensky, 2008; Neal & Neal, 2010).

Finally, when we talk about power, we usually understand it as a possession, a place and/or a capacity but not as a relationship. In practice, an empowerment theory is not the exemption, the conceptualization of power as a possession/place/capacity is predominant even for those who claimed to understand it as a relationship. When we used expressions like “equalization of power”, “power deficit”, “distribution of power”, “power structure”, “balance of power”, “proliferation of powerlessness”, “increased power”, “access to power”, “position of power”, “power sharing”, among others, only reproduces the traditional use of the concept of power (Vázquez-Rivera et al., 2012). The entire idea behind the traditional conceptualization of power inherited by the empowerment theory is that we can empower others by something like a transfer of power to one person or group to another. Under this contextual, theoretical and practical circumstances refortalecimiento emerged as a strategy to rearticulate our thoughts and actions facing the challenges experienced by the children with disabilities and their families.

Conclusions and Lessons Learned

Facing the refortalecimiento strategy we need to revisit four main concepts that accompany empowerment in our discipline. First, the ecological model (the link between individual and social context; social context interpreted, more likely, as a variable, where the individual is still the focal point). Second, the concept of individual (someone disconnected of the social aspects of life, nature and environment, like something essential, and indivisible like once we thought about the atom in physics). Third, the prevention model and its related concept intervention because of its closeness to terms as interfere, intrude, interrupt, imposition of social and cultural course of actions alongside a tradition of police, military, hierarchical, and invasive practices.

According to Santos (2006: 16) there is a discrepancy in the actual Social Sciences between theory and practice, “for a blind theory, the social practice is invisible, and for a blind social practice, the theory is irrelevant”. We believe empowerment has become a blind concept, making, too many social practices invisible and for that matter, “has lost its power”. Our experience in ProSerEs helped
us making visible many social practices, starting
with the effects of the actual political status of
Puerto Rico and the impact of colonialism in all
of us as persons, participants, and professionals.
But also, to face the colonial heritage of a variety
of concepts in our discipline and the need to see
the world through “special eyes”. For example, (1)
the resistance of therapists to challenge concepts or
theories that clearly do not apply in our culture and
context; (2) the validation of knowledge or authors
that come from outside (especially us) over local or
Latin-Americans authors; (3) the disproportion
of critics about our country when compared with the
us implying they do things better than us; (4) the
sense of “superiority” of Puerto Ricans when they
came back to the island after years of living in the
States; (5) in some cases the extreme rejection of our
culture and the claim to be “Americans” over Puerto
Ricans, and (6) a strong sentiment that without the
supervision and vigilance of the us we were at risk
to become a “banana republic”.

The experience in ProSerEs served us to clarify
and to improve the notion of reforstablecimiento: to
understand the weakness as strengths (the way the
mothers and children with disabilities deal with
their disabilities to transform their environment
instead of accepting it as an immovable obstacle);
to realize that a person is equal to his/her relations-
ships, always linked to others, (children to mothers,
mothers to neighbors, children to friends, teachers
to significant others, professionals to their families);
to comprehend that we cannot empower others,
we can restrength one another through the web of
relations we create (“nos refortalecemos unos a otros
a través de la red de relaciones que establecemos”);
and restore us (facilitators, researchers, collabor-
ators) as persons against a process designed to
transform us in “experts”, “external agents”, and/or
subject as separated from one another.

1 Cynically banana republic is the name of a us store
originally created to sell travel clothes, but is one of
the most pejorative words to refer to Latin American
countries as cheap, underdeveloped, and socially
chaotic places.

Beyond the critics accumulated through
time about the empowerment we need to re-
image our relationship with our discipline, the
communities, and social justice. From the refor-
talecimiento perspective, like we said, we see the
parents, children, therapists, and researchers not
as individuals but as persons (process in motion,
a collage of experiences), as a web of relations;
links one another from their roles, parental
experiences, institutional positions, academic
expectative, uncertainties about mental health
through our hopes that this project restrength
(refortalezca) one another to reach our goal. We
also: (a) comprehend the impoverish conditions
imposed into this community takes its tall in the
people’s minds and will; but (b) we understand
they are not powerless or mere victims because
we do not understand power as a possession/placem/capacity but a relation, (c) emphasis in the
people’s/community fortalezas (strengths) as: uni-
ty, awareness of their children rights, strong will,
emotional steadiness, and a long record of fighting
for social justice; abilities as: needed assessment
experience, solidarity, active listening, empathy;
resources (within the community) as: hospital,
three schools, recreational facilities, community
center, gymnasium, and skills as: to organize
the community, to coordinate different govern-
mental agencies, and to deal at the same time
with other community issues, (d) acknowledge
that poverty, disabilities, and social sciences are
the product of political, cultural, and historical
forces, (e) comprehend that community history re-connect the people to its collective origins
(a temporal social Housing Project became a
permanent community, and the home for at least
four generations).

Furthermore, practitioners who focus on
strengths instead of deficits or needs can transform
communities in a way that re-values the social and
cultural context as a key to comprehend the social
constructs of realities. Some of these practices
included: a deeper knowledge of the children’s
rights or challenging the distrust between women (seeing each other as a rival or a potential threat for their relationships), and avoid the use of physical or psychological violence as a tool for education to raise their children.

On the other hand, among the actions and considerations we suggest to work from the refortalecimiento perspective are: (a) reciprocity (encouraging a shift on the organizational patterns of people’s relationships), (b) knowing the conditions of existence in which the truth take form (in Foucault’s words (1999: 68) “knowing what’s imprison and what’s liberate according to that truth”), (c) promoting a pedagogy of the question, (d) stimulating power relationships, (e) stimulating freedom practices (promoting diversity and improving us through our differences), (f) promoting a cooperative teaching-learning educational method, and (g) stimulating our will (Vázquez-Rivera, 2015).

We confirmed from this experience that from the refortalecimiento strategy the process emerges from a real collective standpoint originating a web of thinking. Furthermore, we need to unfreeze the power relations crystalized in institutions as a key to unmake the effects of policies that perpetuate the discrimination and inequalities of people with disabilities.

We learned that the beauty of this process resides on the reciprocity and the fortalezas (strengths) shaped within the support network. But we also found out neoliberal values as: individualism, competition, and everyone for themselves presented great obstacles when engaging in strategies to overcome discrimination and disparities.

We learned that the mother (person layer) is the first support network for the children with disabilities followed by the family (group layer), the neighborhood (community layer), the health care and educative professionals (institutional layer), and the school (organizational layer) is the last support network in a continuous process. We learned that to comprehend the sociocultural background of all the layers simultaneously is a key to encouraging reciprocity and understanding the shapes of the power relations between layers to stimulate the diversification and helpfulness of the support network.

We also learned political and academic colonialism fills our minds with doubts in our own ideas and create resistant in professionals to change their point of view to insist in applying the same technics, models, concepts, over and over again with the same results. But, in many occasions, are the participants the ones who make us believe in taking other paths and change our views. We need to “feel the grass grow” and no matter our area of “expertise” or experience we need to make social practice visible to make our theory relevant. As Martín-Baró (1989) put it so eloquently, “don’t let the concepts to determine the reality, let the reality to look forward for the concepts; don’t let theories define the problems of our situation, instead let the problems requests, so to speak, to choose for their own theorization”.

The neoliberal values as individualism, puts its limitations in the ecological model constraint its ecological part in the sense that fails to explain how the changes in one part of our society affects others (if everything is connected, change in one “level” should trigger multilevel changes). Unless, like we pointed out before, is not ecological at all, because is focalized in the individual not in the person. Individualism runs so deep in the participants that it guides them to evaluate their reality (in a collective way) as a threat: especially of losing their individual governmental benefits. The entire colonial system encircles the participants in routines of paternalism and submission that create the conditions to accept inequalities and unjust environments, fearing that change will be worst.

As researchers and professors, we learned for social justice to happen, like Ladson-Billings & Donner (2005) stated, “the academy must change; it must embrace the principles of decolonization. A reconstructed university will become […] a place where indigenous, liberating […] pedagogies have become commonplace”. We do not only have to
take the university to the community; we need to receive the community at the university. As Fredericks (2008: 17) concluded in her research with Aboriginal women in Australia, a country with an historical experience of colonization too; it is the dominant culture that needs to shift, adapt, and change to “become the sovereign, re-empowered (the emphasis is mine) Aboriginal women that we once were”. Finally, answering to Rushing (2016), (who examined the “paradox of empowerment”, warning us about how many discourses of empowerment sound liberatory but have the potential to affect the opposite) who stated the question if we should continue using (and fighting for) the word empowerment; at least in the socio ecological context of Puerto Rico, it is time to move on.

References


