

A philosophical analysis of the concept empowerment; the fundament of an education-programme to the frail elderly

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Abstract

The word 'empowerment' has become a popular term, widely used as an important claim, also within the health services. In this paper the concept's philosophical roots are traced from Freire and his 'Pedagogy of the Oppressed' to the philosophical thoughts of Hegel, Habermas, and Sartre. An understanding of the concept, as a way to facilitate coping and well-being in patients through reflection and dialogue, emerges. Within an empowerment strategy the important claim on the nurse and the patient will be to reveal the patient's own resources and limitations in times with sickness and reduced functionality to promote the patient's choice to act and cope. From this point of view an education-programme for the frail elderly is outlined. If the nurse wants to empower the elderly patient she has to be willing to be educated through the dialogue with the patient, and to look for the patient's own meaning of being frail and elderly. The coping and self-care solutions for the patient may then even be different from the preferences of the nurse, and this does not mean that the empowerment strategy is a failure or that the patient then has to continue without the assistance from the nurse. Within an empowerment strategy, in the Freirian sense, the important thing is that both the patient and the nurse together critically reflect on the meanings of the sickness so that the patient can be able to make his own conscious choices.

Keywords: empowerment, dialogue, choice, frail elderly, education-programme, self-care.

Introduction

The concept '*empowerment*' is increasingly being used and is subject to more and more attention in a growing number of contexts. The term has in many ways become a fashion item. A search using 'empowerment' as search term in Medline 2005 resulted in

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2565 hits, 2495 of which date from after 1990. Total 973 of these date from 2000, where 261 could be found in journals within the nursing profession. A search in CINAHL database in 2005 resulted in 2604 hits; 2595 of which date from after 1990, and 1120 from after 2000.

Nyatanga & Dann (2002) argue that nursing cannot empower patients, at least at the present time. The background for this argument they trace philosophically in existentialism and psychologically in the hierarchical implications of the concept *patient*. However, nursing displays an increasing interest in the concept of 'empowerment', as emphasized by the many articles. This interest comprises two different foci: first, on 'empowerment' in the relation between patient and nurse, preventive care and patient training, and second on organizational and professional development (Gilbert, 1995; Rodwell, 1996; Kuokkanen & Leino-Kilpi., 2000; Faulkner, 2001; Menon, 2002; Nyatanga & Dann, 2002; Shearer & Reed, 2004).

The main purpose of this article is to give a description of the philosophical thoughts that support a nursing pedagogical intervention to facilitate empowerment in frail elderly patients. First some descriptions of the frail elderly will be given. Thereafter a discussion of writings on the concept empowerment will be presented. After that I will point at central aspects of the 'Pedagogy of the Oppressed' with a brief review of some of the philosophies that make a basis for this pedagogy. As a conclusion I will present a discussion linking these thoughts to an education-programme for frail elderly.

The frail elderly

Views of the elderly and their role in society have changed through history, and are also culturally specific. Kirk (1995) has shown how the attitudes towards the elderly have changed in Western societies. Following the emergence of medical science and the development of statistics, a conceptual construction of processes of ageing in the form of graphical curves and age-related decrements emerged. Towards the end of the 19th century, this notion became dominant in medical literature as well as in popular health literature. Several researchers claim to be able to

demonstrate the prevalence of myths surrounding the elderly and old age, mainly concerning decay and helplessness. These myths are prevalent not only within the lay population, but also among health professionals (Thorsen, 1988; Tornstam, 1992). Baltes (1996) demonstrates how many elderly, needy patients seem to have learned what she calls 'learned dependency'. The elderly themselves, apart from belonging to the lay population, often present a composite picture of functional and sensory failures, in addition to being what Thorsen (1988) refers to as 'socially abandoned'.

To illustrate the complexity in nursing practice for the old, a story of three old sisters can be useful. The oldest is 92 years old and the youngest 80 years old. The oldest of the sisters has for many years been partially excrement incontinent. Her two younger sisters have, during the last two or three years, both become dependent on other people, in order to do the daily personal chores. Both of them have developed functional urine incontinence. The two younger sisters are now living at nursing homes and are happy to be there, feeling safe and taken care of. They have no hard feelings about using diapers. Their older sister, on the other hand, dislikes very strongly that her sisters use diapers. She herself has never used this kind of remedy. All her life she has been an active woman participating in many social encounters, often entering the stage, reading poems, and the like. She is very different from her two sisters who have been satisfied to live together with their nearest family, never wanting to be anything else than anonymous in the greater society. The oldest sister still often participates in bigger or smaller social encounters, and she is living at home taking care of herself. Outside home she always brings an extra set of clothes with her and can change if necessary. To facilitate this procedure by using diapers instead is unthinkable to her.

'Empowerment'

As a concept, 'empowerment' is not only used to an increasing extent, but also in apparently very different contexts, as for instance both in relation to labour organization and to health (NOU, 1998, 1999). As a concept related to health it is given importance both

nationally and globally (Ottawa Charter for Health Promotion, 1986; The Vienna Recommendations on Health Promoting Hospitals, 1997; NOU, 1998).

The concept of 'empowerment' did not arise in relation to the health services, but instead formed a reaction to oppression and inequality within society at large. Power and powerlessness, oppression and liberation are key concepts in relation to 'empowerment'. Hvas & Thesen (2002) claim, and further state, that inherent in the concept is a critical perception of power that reflects an unequal distribution of resources as well as a belief in the ability of individuals to acquire better control over their lives. The point of departure for any empowerment strategy is the perceived presence of oppression or powerlessness. The concept 'empowerment' is rooted in social action, developed within grass-roots movements in the United States in the 1960s and 1970s within the contexts of civil rights, the women's movement, gay rights, the disability rights movement, and other community-based actions. Its historical roots and ideological basis can be traced to Latin America and Paulo Freire's theory on consciousness-raising among underprivileged groups (Roberts, 1999; Kuokkanen & Leino-Kilpi, 2000; Hvas & Thesen, 2002; Nyatanga & Dann, 2002; Askheim, 2003; Shearer & Reed, 2004). The concept has broadly positive connotations; it is dynamic and associated with individual control, democratic participation, growth, and development (Rappaport, 1987; Kuokkanen & Leino-Kilpi, 2000). Askheim (2003), as well as Roberts (1999), notes that the concept has achieved a basic status in public care policy in recent years, where there has been a shift towards an 'era of the patient'. These changes have influenced both patients and physicians, and many people now 'take charge' of their health and physicians can no longer assume that individuals will comply into passivity without questioning. These changes of attitudes are also formalized as in patients' rights acts where the Nordic countries have been in the forefront in Europe (The Patients' Rights Act, 1998, 1999). Internationally these changes are described in 'A declaration on the promotion of patients' rights in Europe' (1994), 'The Ljubljana Charter on Reforming Health Care' (1996) and 'Declaration of Alma-Ata' (1978). Here the patients' right to participate in

their own health and treatment is confirmed, as well as their right to information. Roberts (1999), as well as Nyatanga & Dann (2002), emphasizes that according to health this new vision of patient participation and responsibility is opposed to other theoretical conceptualizations of illness behaviour such as Parsons 'sick role', where the patient is expected to passively adapt and comply.

Rappaport (1984) states that 'empowerment' is regarded as a process, as the mechanism by which people, organizations, and societies regain control over their own lives. For some, empowerment leads to a feeling of control, for others to real control, such as a practical power to mould individual life-chances. Roberts (1999) says that individual empowerment often is viewed as separate from the social system, similar to self-esteem, individual competency, or self-efficacy. She further emphasizes that although individual empowerment is important it is crucial to investigate the larger, structural context in which individual empowerment may or may not develop for particular times in history. She claims that community empowerment is intimately connected with individual and organizational empowerment and each of these levels of empowerment is in a dialectical relationship with the others.

Rappaport (1984, 1987) claims that 'empowerment' is easier to define by its opposite, as: *powerlessness, real or perceived; learned helplessness; alienation; loss of feeling of control over one's own life*. Menon (2002) defines psychological health empowerment as a cognitive state characterized by perceptions of control regarding one's own health and health care; perceptions of competence regarding one's ability to maintain good health and manage interactions with the healthcare system; and internalization of health ideals and goals at the individual and societal level. Rodwell (1996) defines empowerment as an enabling process or a product arising from a mutual sharing of resources and opportunities which enhances decision making to achieve change. When one is empowered one experiences a sense of hope, excitement, and direction. A third definition is given by Shearer & Reed (2004) who see empowerment as '*a health patterning of well-being in which the client optimizes the ability to transform self through the relational process*

of nursing'. This may necessarily involve identifying and transcending sources of oppression that constrain human potential and limit self-understanding of personal resources.

Rappaport (1981, 1987) claims that if the concept of 'empowerment' is to be taken seriously, people must be regarded as individuals with both needs and rights, and even the most incompetent individuals, having needs they apparently are incapable of catering to themselves, claim more – rather than less – control over their own lives. Promotion of this enhanced control will, however, not necessarily mean ignoring these individuals and their needs. While the traditional tasks of the care professions have been to defend and prevent, by having professional experts with knowledge of solutions imposing these on their clients, 'empowerment' emphasizes that the clients themselves possess certain competences, and that not only one, but several solutions exist. Rodwell (1996) too points to the element of choice inherent to empowerment and notices that it can be hard for the professional to accept an outcome that is unhealthy although this is the choice of educated people. Roberts (1999) states that when patient-empowerment is the experience of feeling powerful the important question is how patients come to feel powerful. One approach to this question is the health education approach where an implicit assumption is that health-care professionals empower patients to change their behaviour in some positive way. This means that power does not come from the patients but from the healthcare professionals. The empowerment approach to health care may then be accused of being both a disguised form of capitalism (patients themselves do for free, what health professionals do for pay) and also of paternalism (the healthcare professionals decide that it is best for the patient to 'take charge of' their own health). Nyatanga & Dann (2002) exemplify this challenge with pharmaceutical concordance programmes which are categorized as patient empowerment although their spirit is dialectically opposed to each other. The main purpose of these programmes is to increase compliance and save money while patient empowerment is about valuing and respecting the individual's preferences regardless of what it might cost.

Another approach to Roberts's (1999) question will be a pedagogy that embraces the implication of the illness for the single patient. An education-programme that reveals the resources, as well as the limitations within and outside the patient, will be a potential method when reaching for the goal; making the patient feel powerful and adapting sufficiently in times of illness and treatment. This is to say that consciousness-raising in the patient's actual situation is a way to make change, and make the power come from the patient himself. Consciousness-raising to make change was also the goal of the earlier mentioned theory of Paulo Freire, although not in relation to illness. Central aspects of this theory will therefore be presented in the following.

Liberation from oppression

One core point in Freire's liberation pedagogy is his view on object vs. subject. Oppression and alienation imply a division between object and subject. Under these conditions both the oppressed and the oppressor are dehumanized objects. This division between subject and object contributes to fill the individuals with a false consciousness, a false understanding of the world and of reality. Reality becomes a firm and final entity to which you should and must adapt. The oppressed have internalized the oppressor's world view and made it their own. Consequently, the oppressed have in this situation internalized the oppressor's frame of mind so that when their ideal is to become 'real people', it is understood as becoming similar to the oppressor. This becomes their notion of human dignity, because they – in this situation – lack a consciousness of themselves as individuals or as members of a group or of an oppressed class. In this situation everybody is an object, the oppressor as well as the oppressed. However, subject and object cannot exist independently of each other; subjectivity and objectivity form the poles of an inherently dialectical relationship. Freire (2003) claims that the objective social reality does not exist as a coincidence, but as a product of human activity, and it cannot be changed by coincidence.

The aim of liberation pedagogy is a richer humanity and to have an authentic life. A dignified, authen-

tic life does not mean to become an object, as the oppressor in fact is, but rather to fully be oneself in solidarity with other people and to have a choice, to be active, and to act. The goal is thereby not a single final product, but rather an ongoing process of development. The goal is subjectification – to become a subject – meaning the ability to make free and conscious choices related to one's own life on the basis of true knowledge, as stated by Berkaak in the introduction to the Norwegian translation of Freire's (2003) 'Pedagogy of the Oppressed'. As for the sisters mentioned initially, this means to make their own choices related to their age and disabilities and how they want to live. These choices has however, to be made on 'true knowledge', not on myths and others' truths on what is suitable or ordinary.

The method used to reach this liberation is dialogue, and dialogue is also the development process which liberation serves. In this light, dialogue is not just any discussion or an argument to be won. In Freire's (2003) view, dialogue is a conversation between equal partners aiming to obtain insight and understanding of the world around us. Traditional education, which Freire refers to as 'bank education', contributes to a perpetuation of oppression and to the maintaining of the division between subject and object. Truth and knowledge are defined by the others and are regarded as something firm and final, to which people must relate and adapt. This creates fatalism. In dialogue, on the other hand, the equal partners will collectively critically reflect on the reality and the situation they live in, in order to collectively change this reality. The first precondition for dialogue is thereby the equality of all partners. According to Freire, the essence of dialogue is the word, and the word has two dimensions, reflection and action. In the dialogue, equal individuals meet to compose names for the world, and it is through this voicing of opinions and naming of the world that the world can be changed. In this critical reflection of their world, individuals obtain the opportunity to reconstitute and develop their world. This critical reflection involves a realization of the position of daily life within history, because the world of humans is historical. Through dialogue, people can reach an awareness of how the oppressor has become their

point of reference or even ideal, and that this implies dehumanization (Freire 2003). Through such a dialogue with a nurse, each of the three old sisters can come to awareness of what the different disabilities means to themselves, and how they influence their everyday living and their surroundings. They will come to find different options to choose between for their own life and realize that no single and final solutions for living with old age and infirmity exists.

Dialogue enables people to reach an awareness of how they themselves are the oppressor's antithesis, and that the role of the oppressor cannot be maintained without them. The kind oppressors who give charity and get gratitude in reward are dependent on the existence of oppressed and poor to get this feeling of own goodness (Freire, 2003). Some nurses, doctors, and/or relatives who assist the frail elderly and get gratitude in reward are also dependent on the existence of these patients and their dependency to get this feeling of own goodness. This may very well contribute to 'learned dependency', a status among some elderly, mentioned initially.

In dialogue, people can become aware of the fact that their understanding or consciousness is false. In this manner, liberation is a painful process in which awareness of how both the oppressor and the oppressed have lost their humanity emerges (Freire, 2003).

Community is another core point for Freire. Liberation demands that equal partners are engaged in a dialogue focused on reflection and action. Berkaak claims that Freire restates the Cartesian 'I think, therefore I am' into 'we think/act, therefore we become' (Freire, 2003). Berkaak further points out that the importance Freire gives the dialogue expresses his basic belief that humans, as fundamentally social beings, only can actualize themselves collectively. Freire himself says that reality and people do not exist independently of each other, but in a constant interplay. The dialogue is characterized by the mutual conviction that all participants are equal in a very basic sense, in other words what is usually given the term 'respect'. According to Freire, entering into dialogue requires love, humility, and faith. In this way the dialogue turns into a horizontal relationship in which mutual trust between the partners is a logical

consequence. In these three concepts, Freire infers the fact that individuals cannot exist on their own, but they must depend on each other. 'It would be a contradiction if the dialogue – loving, humble, and full of faith – failed to create this atmosphere of mutual trust which lead the partners into an even closer communion for giving names to the world.' (Freire, 2003)

When individuals enter into a liberation process struggling for their humanity, they also assume responsibility for the reconstitution of which they are part. The understanding and acceptance of this fact is crucial. In the liberation process, which takes place within the dialogue in the form of reflection and action, the individuals free themselves from the necrophile atmosphere prevailing under the oppression which turned them into robots, and instead reconstitute themselves into life-affirming, responsible people (Freire, 2003). For the three old sisters this means that each of them takes responsibility for their own choice and decision of lifestyle; in nursing homes for two of them, and at home for the oldest.

Object and subject

Freire's liberation pedagogy opposes the absolute separation between subject and object postulated by empiricism. A clear influence from G.W.F. Hegel is evident. Empiricists assert the truth in what can be experienced through the senses, and in this manner only empirical knowledge and analytical insights can exist. To Hegel, experience comprises more than just sensory experience. Neither subject nor object is passive; experience and individual constitute each other mutually. In this manner, Hegel attempts to transcend the duality between the phenomenon as it is experienced and *Das-Ding-an-sich*, and aims for the mutual relationship between the individual and the world, showing an ongoing struggle between what *appears to be* and what *is*. Hegel points out that this relationship constitutes a dialectical tension, which he turns into a fundamental aspect of his theory. He imagines oppositions within a dialectical context. Description is a core theme for Hegel. His phenomenology is a display of knowledge the way it actually appears, and not on the precondition of correspondence with an ideal or a model of knowledge. Description is not a

direct sensory experience, because it can only be accessed through language and through a work of science (Skirbekk, 1980). The state of consciousness in which Hegel is engaged has such a shape that it does not anymore only perceive, but is conscious of its reflection on *it* (in sich), and on its own differentiation of its reflection from the simple imagination (Hegel, 1999). According to Hegel, this point of departure requires a critical reflection of the transcendental presuppositions. Empirical knowledge and analytical insight are in reality not sufficient. However, the critical reflection is not purely theoretical, because it also comprises those opinions on which our practical behaviour is based. To Hegel, the dialectical process is a case-orientated process where the deficiencies in the cases themselves drive us forward to truer positions. He says that education and liberation from the immediacy of substantial life always must begin by establishing *general* positions and points of view. First by working upwards to the *thought* of the matter *as such*, without forgetting to state arguments for or against it, by perceiving its concrete and rich fullness according to its manifestations, and second to give a satisfactory account and judgement of it (Hegel, 1999).

Critical theory, first formulated by the so-called Frankfurt School, represents a further development of Hegelian thought. Its basic tenet was to explain or describe how false consciousness is exploited in order to maintain the social and economic system. The criticism of positivism and the bourgeois social sciences, targets the reduction of the social world to patterns of cause and effect. Critical theorists claim that these perspectives lack an idea of new social facts behind the appearance of the given facts. Horkheimer and Adorno claimed that when empiricists evade self-reflection and self-criticism under the cloak of value-neutrality they promote passivity and fatalism (Agger, 1991).

Jürgen Habermas pursues the thoughts of Adorno and Horkheimer. The importance of self-reflection and communication emerge as core points in his works. He claims that with the label freedom from value judgement, an unconditional obligation to theory is psychological, and a distinction between knowledge and interest is epistemological, verified in the

practical field of research. Positivist science has borrowed two basic elements from the legacy of philosophy; the methodological importance of a theoretical approach, and an ontological presupposition of a world which is structured independently of the knowing subject (Habermas, 1974). Habermas claims, however, that this connection continues to exist also after the removal of these constituting elements from critical theory. An attitude which naïvely employs theoretical statements on matters at hand is referred to as objectivistic, because it regards the relations between empirical magnitudes depicted in theoretical statements as *being-in-itself*, while ignoring the transcendental framework within which the meaning of these statements is constituted. While these hidden interests are of a technical character for the empirical-analytic sciences, and of a practical nature for the historical-hermeneutic ones, critical theories assume a corresponding interest in the liberating interest of knowledge (Habermas, 1974). Accordingly, Habermas attempted to disclose the connection between interest and knowledge.

Reflection – responsibility

A basic point in Freire's liberation pedagogy is that in order to become free human beings, the oppressed must first come to an awareness of how they have transformed the oppressor's perspectives and truths into their own. Habermas, as already mentioned, arrived at the conclusion that the interests within critical theory were insufficiently clarified too. He therefore subjected the concept of reflection to a closer scrutiny, and concluded that a distinction between *rational reconstruction* and *critical self-reflection* was in order. Rational reconstruction was reserved for reflections on the human potential to be a knowing, speaking, and acting subject. This reconstruction has, however, no direct effect on the actions of an individual or a group, and therefore has no practical consequences. On the other hand, the type of reflection that Habermas (1999) terms 'critical self-reflection' will have such consequences, as actors will reveal ideologically based obfuscations and systematically distorted communication connected to specific histor-

ical and social situations. In this manner, the actors are made conscious of the circumstances which limit self-realization of the human potential and the preconditions for development of the human competence as an actor. *Communicative action* is a basic type of action postulated by Habermas as directed towards mutual understanding between the actors. Human communicative competence and activity are basics for social interaction and required for any society to function. Agreement and understanding are obtained in an ideal conversation where the power of the best argument, within a coercion-free communication setting, determines the outcome of the discourse. A discourse departs from a situation in which disagreement prevails as to the interaction. The validity of the interaction or the communication is subsequently questioned. The actors question whether a statement or action is truthful, whether it is normatively acceptable, and whether statements or actions are credible. According to Habermas (1999), true agreement presupposes that all participants have equal opportunity to take part in the communication and to assume different roles in the process. Communicative rationality is neither informative nor practical; it is a competence that gives reasons for – and criticizes – the validity of statements or actions. Habermas lists several types of critique and several processes of learning. Critique and discourse are distinguished from each other, as discourse is orientated towards the pursuit of truth, while critique targets disclosure of value standards and subjective positions. The goal of a discourse is agreement. Critique does not aim for agreement, but should contribute to a clarification of the basis for their declared authenticity or sincerity, and thereby improve our understanding of the nature of such authenticity or sincerity. When statements or actions in this manner are validated by agreement obtained through trial and debate, we indirectly make demands on consensus, according to Habermas. But, because consensus is a fallible criterion of validity, this consensus needs to be grounded (Habermas, 1999). Exemplified in the case with the three old sisters, this means to clarify the basis for their individual meanings upon phenomenon like nursing-home-living, at-home living, incontinence, and diapers-using.

Habermas understands a *grounded consensus* as one obtained in a free and open dialogue, characterized by the power of arguments alone, and the exclusion of irrelevant and distorting factors. Here lies the requirement that the arguing parties mutually recognize each other as equal, which is also recognition of oneself and the other as simultaneously both fallible and sensible. The commitment with respect to the superior argument will in addition apply to all, as it is not a private argument, but equally valid irrespective of its proponent and its reference. The arguments of one sister, in the case presented, are just as valid as the other sisters, irrespective of the different outcomes. Argumentation can take place at several levels, meaning that reflection is also involved. This reflection concerns questions of adequacy of perspective. In this manner, not only *is* – and *ought* – arguments should be discussed, even the linguistic framework within which statements are formed and the phenomenon is grasped must be included. Reflection could include criticism and alteration of linguistic frameworks which turn out to be restrictive or otherwise inadequate. Reflective argumentation must be able to embrace all themes within different perspectives, in order to eliminate all barriers to free argumentation (Skirbekk, 1980).

An essential point in Hegel's theory is that humans are social beings and cannot be self-sufficient. In order to describe this assertion, he uses the relationship between master and bondsman to illustrate that when two people face each other, tensions will arise as both want to be perceived by the other as the master of the situation. According to a mutual definition and recognition of the specific situation, one will be recognized as the master and the other as bondsman. Self-consciousness is *in* itself and *for* itself, in that and by that it *in and for itself* is to somebody else, that is to say that it only is in character of being recognized (Hegel, 1999). This relation is a description of what Hegel terms 'the moment of self-consciousness'. The bondsman is constituted and cultivated through his work. He experiences himself through objectification, by transforming nature and putting his stamp on it. In this manner, by transforming the world, he will himself be transformed from nature into culture, and emerges thereby not as a

stranger to the world. The master, on the other hand, will discover that the truth about him is the bondsman's truth, because the world does not show *him*, but rather the bondsman in an objectified form (Hegel, 1999).

Self-consciousness is a key element also within existentialist philosophy. Sartre claims that existence precedes essence, meaning that there are no objective norms or prescriptions stating what we should do with our lives. Humans are free and must decide for themselves what kind of humans they want to become, their role in the world is not predetermined or fixed. The human being is compelled to make a choice (Skirbekk, 1980). Sartre (1957) himself clarifies two meanings of the word subjectivism: the individual choice of self on the one hand and the impossibility for humans to transcend human subjectivity on the other. There is no escape from this freedom, because for humans there is no difference between '*being*' and '*being free*' (Næss, 2001). When the individual perceives its own freedom through self-reflection, it will also realize its own total separation from the world and the lack of excuses for the choices which are made. Sartre claims that at this point anxiety sets in. Theoretically, an individual could assume various attitudes to this anxiety, but the immediate and essential reaction would be to escape. The individual flees from the responsibility of choice through self-reification, seeing oneself as determined by the past. In this manner, Sartre devotes much attention to what he terms 'false belief' or 'self-deception' (Næss, 2001). The function of false belief is to mask an unpleasant truth, or to present a convenient misperception as truth. However, all is changed by the fact that in false belief, an individual masks the truth unto itself, the trickster and the tricked are the same entity. For humans, the fundamental yearning is to *be*, and consciousness should not be seen as another phenomenon (Næss, 2001). In the existentialist sense, an individual who *is*, exists not only in the way one perceives oneself, but in the way one wants to. Sartre (1957) notes that the first act of existentialism is to confront every individual with itself, and give it the full responsibility for its own existence. Responsibility is then an important claim on the human being in existentialism, and a part where

we in Freirian thought can see this important influence also from existentialism.

Subjectification – well-being

The aim of Freirian liberation pedagogy, as mentioned earlier, is a richer humanity and an authentic life. The goal is subjectification – to become a subject – meaning the ability to make free and conscious choices related to one's own life on the basis of true knowledge (Freire, 2003). This is what individuals achieve from knowledge and self-consciousness. In his works, Freire describes authentic thought and life, while he also explains how humans have a fear of freedom. For him, liberation is a painful process, involving knowledge of false belief, but also a loss of the safe and familiar (Freire, 2003).

Similar assertions are found in the works of Hegel, Habermas, and Sartre. They provide different responses to empiricism and to its view of scientific truth as independent of human beings. This type of consciousness can only be developed through critical reflection of truths as they are defined in a specific situation. To Hegel and Habermas, this critical reflection takes place in the interaction with other people.

According to Hegel, the individual's critical reflection of the deficiencies of the forms of consciousness, meaning the transcendental presuppositions, contribute to an understanding of the matters and concepts. They can also be raised to a higher level through dialectic knowledge by rejecting the deficiencies and maintaining the positive aspects of the situation. In this manner, the individual is no longer finalized and alien to the world. To Hegel, all is formed by community and products of human endeavour, and not dead matter. In the moment that humans understand the world as products of their own creation they also assume responsibility for the product (Skirbekk, 1980). Through critical reflection in the dialogue the human will be able to act and transform its own world.

The superordinate goals pursued by Habermas and critical theory represent a knowledge drifting away from fatalism and a deterministic world view. A dialectic approach to the world stimulates a notion of the world in terms of its potential for future change

(Agger, 1991). Knowledge is important, but the fundamental issue is to understand knowledge in its relation to the underlying interests, and in that way generate optimal insights and understanding which can contribute to form a grounded consensus of validity. This understanding is obtained through communicative interaction between equal individuals (Habermas, 1974). A further core point is the development of self-consciousness. This concept contains a demand or a need to transcend the limits of sensory experience in order to discover one's own potential to control and influence the world. In other words, we can obtain knowledge not only about the immediate world around us and inside us, something which can be explored by sensory perception; we must also explore the values and assessments which contribute to the immediate perception of concepts and matters. The goal, as emphasized by both Hegel and Habermas, is to gain insight into one's own world in order to be able to make choices and act, and this insight is gained through reflection, choice, and action within a dialogue with others.

To Sartre, the essential goal is to assume the responsibility placed on one's shoulders as a human being, meaning to choose a life, and thereby choose the life of humans. Not attempting to escape by blaming factors outside oneself, and renouncing false belief, is all essential (Næss, 2001). Assuming this responsibility means to live authentically. Sartre has focused on the choice of a standard that humans have to make, meaning the choice which forms the foundation for further choices. In this way, humans become responsible for their own lives, something which is also pointed out by Hegel, and being powerless is to entertain 'false belief', as noted by Sartre. Hegel describes this as the movement upwards from the immediacy of substantial life to truer positions, and Habermas wants the individual to reveal the limitations to its own self-actualization and potential as an actor.

Discussion

The goal of Freirian pedagogy is to develop a kind of active and optimistic view of life among poor and oppressed workers in Latin America. Taking this

'Pedagogy of the Oppressed' as a point of departure, we have now reviewed the understanding of the concept of liberation within different philosophical traditions. 'Empowerment' has been invested with connotations of liberation for the purpose of control over one's own life, of actively being able to influence the world and live in it as an authentic individual. This represents an optimistic view of life, and a rejection of powerlessness and of the conviction that all is predetermined or final. Powerlessness and helplessness can develop in any context. At the basis is a world view comprising firm and final truths, in which subject and object, the human being and the world, are separate entities. This view promotes an experience of alienation with the human being estranged from the world, rendering the human being helpless. Several circumstances can contribute feelings of alienation and powerlessness. Such circumstances may very well occur in a situation involving disease and treatment. Individuals suffering from disease may easily experience lack of control and influence. Disease itself, medical equipment, and medical terminology are capable of making an individual feel alienated and powerless when seeking orientation in a role as patient.

Orem (1995) states that nursing, as a helping art, has the complex ability to accomplish or to contribute to the accomplishment of a person's usual and therapeutic self-care. This is possible by compensating for, or aiding, in overcoming the physical or psychic conditions or disabilities which makes the person (1) unable to act, (2) refrain from acting, or (3) to act ineffectively in self-care. This is to say that nursing should support the patient in mastering daily tasks in a situation of disease or reduced functionality, either permanent or temporary, but in a manner promoting the patient's independence. Here lies the notion of 'empowerment' and an active attitude towards life which is in accordance with the thoughts described above. Strengthening the patient's own resources and limitations of forces, which hinder mastery or independence, are part of the responsibilities of the nursing profession. In fact, Orem's theory of self-care agency even says that 'power components' are necessary for having the capabilities to engage in self-care operations. Identifying the power components or lack

of some of them are then important claims given to the nurse in order to facilitate empowerment. However, calculating these power components also may reveal that for some patients the goal of independence, and control involved in empowerment, cannot be totally achieved. This may be the case for instance when the patient suffers from severe depression or dementia. Nursing within an empowerment-orientated framework will in this manner include development of knowledge, in cooperation with the patient, and this means to reveal these values and assessments underlying different truths pertaining to disease and its treatment, as well as in relation to the experiences of the patients. The latter point presupposes that the nurse enters into a dialogue with his or her clients in order to gain relevant insights. Mayo (1997) claims: '*The goal of self-care is to empower our clients and families*'. Shearer & Reed (2004) state that the nurse is one who facilitates empowerment in clients, with actions deriving from an understanding of the client's relational nature, relevant social context, and developmental potential. Furthermore, they state that empowerment, which is often implicitly – if not explicitly – linked to the concept of compliance in practice, neither appeals to the informed consumer nor reflects contemporary nursing philosophy of practice. Benner (2000) points out that nursing practice since Nightingale has had a concern for placing the body in the best condition for the body's own reparative and restorative capacities. These claims on nursing practice reveal a link between nursing and the concept of empowerment.

Some aspects that may serve to limit the active attitude to life implied by empowerment in relation to encounters with elderly patients in need of help was mentioned initially. When hearing fails, mobility is reduced, and large parts of the social network are missing, empowerment becomes a challenging task.

If nursing is to incorporate empowerment-orientated thought, addressing and gaining insight into this situation will be of high importance. Professional helplessness or resignation may come easily in situations like these if the stated goal is empowerment, defined as making the patient independent of your assistance. However, as described in this exposition, empowerment does not represent the achieve-

ment of such a particular goal. If the nurse is going to *accomplish or contribute to the accomplishment of her old patient's usual and therapeutic self-care* she has to gain insight into the old patient's own experiences of the situation. The nurse can do this by compensating for, or aiding in, overcoming the physical or psychic conditions or disabilities that cause the old to be unable to, refrain from, or act ineffectively in self-care. The knowledge gained from professional literature will then not be enough for the nurse to promote the old individual's health. If the nurse practises what Freire called bank-education, with the nurse defining what is to be learned about the patient's diseases, treatment, and coping, there are small chances that the patient will really change and adapt his behaviour. The nurse needs the competence in listening to the old patient and to be willing to respect his experiences, values, and interests as well as the experiences of the disabilities and goals of treatment/rehabilitation if she wants to facilitate the empowerment of the patient.

In the example with the three old sisters initially, there are many different values, interests, and experiences of self, underlying the coping strategies of the three women, even though they are sisters. No professional literature or courses can 'fill' the nurse practitioner with the 'right' answers and goals for these problems. Furthermore, they cannot expect the frail elderly patient to comply. Here the nurse has to have a kind of 'communicative competence', a competence to give reasons for and to criticize the validity of utterances and actions, a competence to enter a dialogue with the frail elderly as an equal, to reveal coping strategies that the patient himself will act in accordance with. A guide for the dialogue with the frail elderly, as the LSCS (Lorensen's self-care capacity scale), which secures that the various topics of self-care capacities will be included in the dialogue, can be an important resource for the nurse as an educator in the Freirian sense. However, she – herself – must be willing to, and interested in, learning from the dialogue if she really wants to facilitate the patient's adaptation to, and behaviour in a new situation with new disabilities and treatments. This means that she has to be willing to accept that the outcome of the dialogues very well may be different

from her own preferences and solutions. Being a facilitator of empowerment, as the nurse should be, does not mean that the nurse's goals necessarily are compliances and money-savings. It means that the patient, or client, experiences subjectification or well-being in coping with a situation of disease, disability, and treatment.

Conclusion

In this article the education of the frail elderly is looked upon as a dialogue and an ongoing process, helping the patients gain knowledge about their specific disease process and the signs and symptoms of undesirable changes in their body. By knowing this, they can adapt to the situation and cope in a way experiencing subjectification, self-care, and well-being. With reference to the pedagogy of the oppressed and its links to the philosophical thoughts of Hegel, Habermas, and Sartre, the basis for a way to reach empowerment is outlined. By identifying resources and limitations inside and outside the patient, the patient's coping strategies, rather than the health society's solutions, are reached. This implies that both the patient and the nurse will be educated during the process.

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