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"Step-by-Step We are Stronger": Women's Empowerment Through Photovoice

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Photovoice, as one method of participatory action research, has been used to better understand local realities and promote health in many countries and with diverse populations. It has been especially effective as a process for women to explore health and contextual issues often related to oppression and marginalization. This article discusses the impact of a photovoice process on a small group of lone mothers carrying out a community health assessment in eastern Canada. According to the women, their level of empowerment increased considerably in the 2 years of the study and their stories of the project's impact provide the evidence.

From 2005 to 2007 a small community-based participatory research (CBPR) project took place in the city of Moncton, New Brunswick in a community–university partnership with a local agency, Support to Single Parents, Incorporated. Seven lone mothers as participant/coresearchers, along with me as the university researcher/facilitator, carried out a community health assessment using the method of photovoice. This article includes a brief introduction to the research method, concepts of empowerment, and the words of the women as examples of their experience and perceptions of empowerment. Although much has been written about empowerment as an essential component of individual and community health, it requires awareness and intentionality if research and health promoting activities are to make a difference in reducing health disparities. This is especially important for women everywhere who often experience marginalization through traditional roles, gender inequality, and lower socioeconomic status.

In this study, the women took photos of community issues they determined were important to their health. After an introduction to photovoice methodology, basic photography techniques, and discussion around ethics, safety, and power issues of public photography, they were asked to take photos of people, places, and things that represent their everyday life. Simple 35 mm film cameras were provided, as well as child care and transportation to enable participation in monthly discussions. Themes and issues arising from the initial discussion of participant-chosen photographs led to priorities for future monthly photo shoots. Data collection and concurrent group analysis using the photovoice process of critical reflection took place over a 5-month period with discussions audio- taped and transcribed (see Duffy, 2010, for study details). This was followed

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by more frequent meetings to review transcripts, choose the photographs to represent the chosen themes that emerged, and to prepare posters for public presentations. The resulting themes reflected several determinants of health and were titled *finances*, *place*, *stress*, *transportations*, *public services*, *support*, *personal development*, and *violence*.

PARTICIPATORY RESEARCH

CBPR, also known as participatory action research (PAR), involves community members acting in diverse ways in many or all areas of the process. This includes collaborating, reducing power differentials, focusing on individual and community strengths rather than deficits, valuing local knowledge, sharing decision-making, and acting for social change (Israel, Eng, Schulz, & Parker, 2005; Minkler & Wallerstein, 2003; Tsey et al., 2007). The use of CBPR is becoming more widespread as failures to address socio-economic and health disparities increase (Braithwaite, Ro, Braithwaite, & Treadwell, 2006; Carlson, Engebretson, & Chamberlain, 2006; Downey, Anyaegbunam, & Scutchfield, 2009; Minkler, Vásquez, Warner, Steussey, & Vacente, 2006; Wallerstein & Duran, 2006). The process is meant to be empowering as participants gain control over important aspects of their lives (Downey, Anyaegbunam, et. al., 2009). Academic and community researchers, in partnership, work through a collaborative and democratic cycle of "looking, thinking, and acting" (Day, Higgins, & Koch, 2009, p. 14) with the expectation of colearning (Israel et al., 2005; Williams, Bray, Shapiro-Mendoza, Reisz, & Peranteau, 2009).

Photovoice

Caroline Wang and Mary Anne Burris developed photovoice as a method of participatory research that adapts to various aims and priorities of a community through needs assessment, asset mapping, or evaluation; often focusing on health promotion (Ornelas et al., 2009; Vaughn, Forbes, & Howell, 2009; Wang, 2003; Wang, Yi, Tao, & Carovano, 1998). This method has a strong theoretical foundation that weaves together Paulo Freire's education for a critical consciousness; feminist theory in that research is inclusive and power issues are acknowledged; and a community-based approach to documentary photography to reveal social and political realities (Wang & Burris, 1997; Wang et al., 1998). Although each of these foundations represent unique value systems, they also have much in common including: (a) the recognition of powerlessness of marginalized peoples that can result from lack of participation; (b) the questioning of accepted sources of expertise and knowledge; and (c) the importance of diverse perspectives for effective social change (Hergenrather, Rhodes, & Bardhoshi, 2009; López, Eng, Robinson, & Wang, 2005). Downey, Ireson, and Scutchfield (2009) found that community members were better able to develop solutions to problems by using locally generated photographs and stories than those who used only content-focused materials. Within photovoice, participants as coresearchers examine, identify, analyze, and act on issues of importance using the power of their photographs and stories to build public awareness and influence policy makers (Lorenz & Kolb, 2009; Wang & Burris, 1997; Wang et al., 1998).

Photovoice has been used in a variety of populations and cultures including people who are homeless (Wang, Cash, & Powers, 2000), children and youth (Fitzgerald, Bunde-Birouste, & Webster, 2009; Gant et al., 2009; Goodhart et al., 2006; Wang, 2006; Wilson, Minkler,

Dasho, Wallerstein, & Martin, 2008), older adults (Baker & Wang, 2006; Lockett, Willis, & Edwards, 2005), and those living with specific disease processes (Aubeeluck & Buchanan, 2006; Gosselink & Myllykangas, 2007; Hergenrather, Rhodes, & Clark, 2006). However, it is especially appropriate and effective when applied to women's health (Booth & Booth, 2003; McIntyre, 2003; Moffit & Vollman, 2004; Valera, Gallin, Schuk, & Davis, 2010; Vaughn et al., 2009; Wang, 1999; Wang & Pies, 2004). These researchers have reported the power of photographic images and accompanying stories to bring about change, and often the word *empowerment* emerges; Downey, Anyaegbunam, et al. (2009) specifically mentioned photovoice as an empowering method.

EMPOWERMENT

Empowerment is considered a critical concept in health promotion with powerlessness and vulnerability, often related to poverty, accepted as risk factors for illness (Messias, De Jong, & McLoughlin, 2005; Romero et al., 2006). Poland, Green, and Rootman (2000) stressed that "the absence of empowering activities should be a signal that an intervention does not fall within the rubric of health promotion" (p. 8).

Many definitions of empowerment exist that may lead to confusion, as the term is not easily understood, measured, or implemented (Aston, Meagher-Stewart, Sheppard-Lemoine, Vukic, & Chircop, 2006; Bradbury-Jones, Sambrook, & Irvine, 2008; Tew, 2006; Wallerstein, 1992). Raeburn and Rootman (1998) noted key components characterizing empowerment as control, competence, and participation. These authors viewed empowerment as an inner experience closely related to health or a sense of well-being that can be seen by others through expressions of confidence and groundedness. Gibson (1991) defined empowerment as "a social process of recognizing, promoting, and enhancing people's abilities to meet their own needs, solve their own problems and mobilize the necessary resources in order to feel in control of their own lives" (p. 359).

Empowerment may result from learning a new skill to more complex or riskier activities such as taking part in political action. It is described by some as a relational or transactional process and is also considered a contextual phenomenon, based on differing social, political, economic, historical, and cultural environments (Chang, Li, & Liu, 2004; Gibson, 1991; Jewell, 2007; McQuiston, Choi-Hevel, & Clawson, 2001; Rappaport, 1987). Raeburn and Rootman (1998) understood empowerment as a developmental concept that follows a predictable course over time. Others have agreed that empowerment is a process, yet also describing it as something to implement or as an outcome (Everett, Homstead, & Drisko, 2007; Jewell, 2007).

In health and human service practice, empowerment as a process or outcome may not always be present or apparent. Wallerstein and Bernstein (1994) challenged practitioners who "name the problem for the other," and they asked, "What evidence do we have that information or advice, or the blaming implicit in much community and preventive work, can bring about health behaviour change or increased community empowerment?" (p. 141). They encouraged facilitating community members to "name the problems and solutions themselves" (Wallerstein & Bernstein, 1994, p. 142) through mutual, respectful, and empowering relationships. Pinto, McKay, and Escobar (2008) noted that empowerment is realized through active participation; an increased awareness of their abilities, challenges, and determinants of health; and acting on that knowledge for change.

Participation is a critical link in an empowering process (Downey, Anyaebgunam, et al., 2009; Hardina, 2003) where practice and research should be "community-based" not merely "community-placed" (Minkler & Wallerstein, 2003, p. 3). There are still too many top-down project models that target people (Hanks, 2006) as if they are something to be attacked, instead of a source for collaborative partnership. Professionals often fail to recognize and value local knowledge within communities and may be reluctant to share power as they consider themselves experts (Brown, McWilliam, & Ward-Griffin, 2006; Hanks, 2006). Wang and Burris (1994) wrote specifically about empowerment through photovoice, which they originally named photo novella. The Chinese peasant women in their initial study had little social status, yet the process provided space for their voices to be heard in dialogue and then raised in the public sphere. Wang and Burris (1994) named four types of access critical to empowerment: "access to knowledge, access to decisions, access to networks, and access to resources" (p. 180). Being involved in a process where people are acted with, instead of acted on, can result in a body of practical knowledge that is contextually relevant for the community and empowerment through social action is further enhanced.

Empowerment is both constructed in, and is a product of, social discourse or dialogue (Anderson & Galinsky, 2006; Freire, 1970; Gibson, 1991; VanderPlaat, 1999). This may be part of the difficulty in developing a common understanding and definition of empowerment, as meaning is influenced by diverse individuals, their interactions, and settings. Some researchers include the goal of empowering those less powerful and others say that one cannot empower others; they must empower themselves (Gibson, 1991; Hagquist & Starrin, 1997). VanderPlaat's (1999) own model of relational empowerment does not rest on the premise that power is given or taken, but that "it emerges through interaction with others" (p. 777). So although practitioners and researchers may struggle with confusion around the term, Rappaport (in Jewell, 2007) stressed that empowerment needs to be defined by the people themselves. Tew (2006) agreed, and noted the "tendency for empowerment to be *defined* for relatively powerless people by those with vested political or professional interests" (p. 34).

Study Participants and Empowerment

The concept of empowerment has been of interest to me for several years and is one motivation for becoming involved in participatory research. However, it is easy to lose sight of these foundational concepts while involved in the day-to-day aspects of a study. Empowerment as a topic was discussed throughout the study, but in discussion with the director of the community partner agency, and observing the participants through the 2 years, personal changes were noted that were perceived as related to empowerment. At the end of the data collection and analysis, one participant moved to another city and two returned to school, leaving four women committed to completing the action phase of the project. It is the experience of these four lone mothers that is reported here.

Dissemination of the findings involved many public photo displays; a report and two visits to the local public transportation director; presentations at meetings and conferences related to health care, poverty, and violence against women; invitations to university classes; and local and national media coverage. Each woman was encouraged to become involved as she felt able and ready. With considerable challenges around child care, employment, and chronic health issues

including depression, participation was not easy for several of them, but they attended meetings faithfully and became increasingly more involved. One day during a research day photovoice exhibit, when the women had many other responsibilities and weren't expected to attend, two did show up saying, "We didn't want you to be alone."

With this example of how they had taken ownership of the work and continued amazement at their consistent and active presence at various levels, a discussion was facilitated around empowerment and the impact of the project on each of them as it was time to move toward closure. The first question was what the word *empowerment* meant to them. They said empowerment means:

- "Having more control over our lives;"
- "Having confidence in ourselves—knowing our strengths and weaknesses;"
- "Recognizing life has purpose and using our gifts and talents for our own independence;" and
- "Reaching out to others so that life becomes richer and more meaningful."

Using a simple 4-point Likert scale, each one rated their level of empowerment as moderate to moderately high compared, to a low level when they began 2 years earlier. They were then asked to describe the personal impact of the photovoice project and the responses included:

- "It taught us that life has lots of challenges and it is easy to see the negative—but how important to think more positively that then leads to other changes."
- "How I perceive things—before it was more negative now it is more positive."
- "If it wasn't for photovoice, I would not have become proficient with public speaking."
- "Photovoice started us thinking. We began to really look and assess our living conditions and from there began to make changes. It started 'inwardly'—our perception determines our attitude, attitude determines our thoughts, words, actions. . . . Then we started educating, advocating—that's empowering."
- "I'm more honest with myself and others; more able to express emotions, feelings, how it is; voicing these instead of keeping it inside like I used to."

As these comments express, personal impact included alterations in attitudes and perceptions, increased understanding and acceptance of emotions, as well as improved efficacy with certain skills such as public speaking, educating, and advocating for change. As well as personal growth, the relational and participatory aspects of the project were evident as they discussed connections with each other and the wider community.

- "It brought me in touch with people who were at times going through similar phases, breaking the isolation to be in contact with other women, to get out and speak out."
- "I feel I belong to my community—before I felt like an outsider."
- "Photovoice connected me with other's realities—I'm much wiser for being with these women and we've become a solid unit. We co-exist for a purpose."
- "The project kept me focused and gave me tasks when I was down—being part of the group and appreciated for my presence even when I wasn't able to do much. I still have down times but they don't control me for long periods anymore."
- "I never felt before that I wanted to be in a group—but no matter what I was feeling I still wanted to be part of this group."

- "We have influenced others who are amazed at what we have done and that has inspired them to be more involved."
- "I find myself helping younger women with child care and relationship issues."
- "I never thought I would be volunteering but I am—at school functions and in our community. Our group wants to improve our neighbourhood, to bring some pride back to the housing project. I need to do this for success in the community—how nice it is to sit in the park and not see piles of garbage. Our aim is to increase involvement in caring for the community and to feel good about it."

DISCUSSION

These voices describe many things related to both process and outcome. Although the women give much credit to the photovoice project, there are likely other influences, but these are not mentioned and they were only asked to comment on this particular experience. Other factors, such as employment and other social involvements, likely reinforced what was happening and it would be difficult to separate these out. An interesting observation the women made is that what occurred during this research process had never happened to them in other settings. They had all attended many self-development groups, and although these provided important opportunities for learning and support, empowerment was not an outcome for them. The difference may be accounted for in the longer time together, versus a 6 or 12 week course, along with a higher level of participation and opportunities to educate and advocate for change. The following quote shows how one participant moved from initial doubt at the beginning of the project to efficacy and pride.

> At first I thought okay I will take pictures and I didn't think anything would come of it, but we have done things together and even on my own. My confidence has gone up and I am able to talk in public with little or no anxiety. I was on social assistance when I started and now I'm employed.

They appear to have greater respect for their own knowledge and skills and feel able to share these, as noted, through offering advice, training others, being open to new learning, and acting in community. Social support, an important determinant of health, seems to be paramount as they worked together and separately to find purpose in their lives. One noted:

> All through my life, no matter what I have done, I have never felt a part of anything. Doing this research is the first time that I felt I belonged. It has been amazing. I feel more a part of the community, and ready to take a stand when needed.

Above all, their sense of having a voice and being heard is strong.

> In part, photovoice gave me back my voice and was a step toward an increase in my self-worth. It was a wonderful learning experience about each other, our city, and life. The project gave us a mission and a voice—both are empowering.

Another wrote:

> After leaving an abusive relationship I didn't believe in or trust myself; always being told that women weren't worth hearing from. I questioned whether I should be there—in the public. Now I'm doing

> what I want to do and have stopped worrying about the past. I still hear those voices telling me I shouldn't speak, but the difference is I don't listen to them anymore.

This concept of "voice" as an important aspect of empowerment developed gradually. Finding their voice and being heard appears to have moved them from helplessness to action. Some participants noted their families or intimate partners never listened to them, and certainly they were not seen or heard in the public/political arena. It is compelling that often lifelong and very negative messages could be altered over a 2-year period through a relational interactive process that offers a safe, respectful, and nonjudgmental space.

Cheater (1999) discussed Foucault's view of "discourse as a political commodity, and the articulation of discourse and power as a phenomenon of exclusion, limitation, and prohibition, so the link between discourse and (dis)empowerment is easily made" (p. 4). From this, empowerment is viewed as having a voice. Gilligan's (1982) classic writing on women and psychology includes the power of voice and of being heard. Cheater (1999) asserted that "the mystifying rhetoric of empowerment as expansible, vocal power" is the result of postmodernism and "democratic and negotiated structures" related to individual choices (p. 7). It was clear from this experience that for many women, and others who experience marginalization, daily choices are limited and very difficult; and they appear to have little power to participate in and negotiate with the many structures that impact on their lives. Through earlier research with women in Zimbabwe (Duffy, 2005), it was found that lack of voice and limited choice, related to many complex historical and contextual issues, were key determinants in women's inability to prevent HIV infection.

Drury, Cocking, Beale, Hanson, and Rapley (2005) studied collective self-objectification (CSO) in relation to empowerment. CSO refers to "action that actualizes participant's social identity against the power of dominant groups" (Drury et al., 2005, p. 309). They write that CSO operates within a social-relational context and that changes occurring through social action result in evidence that an individual has power. One of their conclusions is that in-group unity is critical for CSO and empowerment to occur. For the women in this project, the ability to appear and actively participate in public forums developed gradually and not necessarily out of an awareness of being oppressed. However, the actions they carried out seemed to heighten and reinforce feelings of empowerment and their sense of cohesion is apparent.

Can it Last?

Drury and Reicher (2005) examined the concept of enduring empowerment. Although the changes here seem impressive and the women expressed a good level of empowerment, the question is how this will endure and be sustained. It has been over 3 years since the project was completed and the team has occasional contact, especially remaining connected with each other having developed a strong social support network. One has become a research assistant with a second, larger, federal-funded photovoice study and two others are important members of the new project's community advisory committee and sit as equals among many professionals including three community partners. The fourth has found stable and satisfying employment and, along with another member, is facilitating a self-discovery group for women. In a recent phone call, she mentioned that her periods of depression are not as severe or as long lasting as previous.

A year and a half after the project had finished, the four women sent an unsolicited letter. It speaks of many things and more especially to possibilities for endurance or sustainability of a participatory process. The words brought a realization of how these amazing women teach and inspire others. The following excerpts are from their letter.

> As we continue to gather as a group of friends, we are so connected by our experience with photovoice. It was life changing for each of us on many levels. When we manage to get together, we are solid, and we carry on where we left off, as good friends are able to do. This friendship has created a support system that continues to grow.
>
> As women coming into the project, most of us from a place of insecurity, past hurts and most of our daily energies being put into existing, photovoice provided us with hope and a fresh look at our surroundings. We started to see our lives and city from a different perspective, and with the use of the camera, we started to see 'art' in every imaginable place. We started to see beauty in a bleak existence.
>
> It is a process; one that we are all grateful for. It wasn't just words, it wasn't just another research paper to be filed away; we were really going to be able to put our findings to work! That was so empowering for us. To be heard and to see some small changes, makes a person believe that anything is possible. We may be small in number, but we can be mighty in enthusiasm.
>
> Times may be challenging, but we know we are stronger, step by step; we are not giving up. The important thing is to keep going and be thankful for everything—we are learning to live in the 'essence' of the moment.

Implications for Practice

MacLeod and Zimmer (2005) said that carrying out a participatory research is not always easy and carries considerable unpredictability as power and process are shared, but they add that emancipation, defined as "actions or reflections that free participants from restraint or oppression", can result (p. 70). The oppressive structures faced by lone mothers on low income are still in place. Considerable multilevel actions are needed around changing policies, processes, and power relations if social justice and true citizen participation is to prevail. However, although not accepting their low-income status as inevitable, it appears the process of participatory research, at least from this experience, has led to a level of empowerment where the women feel able to act on social structures when feasible, and they continue to improve their and their children's health and quality of life. Starkey (2003) suggested that "professionals can work in empowering ways if they recognize the structural causes of people's oppression" and work at both the personal and societal level (p. 273). This combined approach, integrating determinants of health and social justice, challenges "oppression, exclusion, and power imbalances" at all levels of society (Starkey, 2003, p. 277).

According to Pinto et al. (2008), empowerment in participatory research relates to the researcher's intentions to "deconstruct power relations and to address cultural, racial, and class differences" (p. 86), therefore it cannot be assumed to happen. Choosing to use a method of CBPR implies that empowerment concepts are integrated, but it is still dependent on the principal investigator(s) to remain conscious and intentional of these through frequent and consistent collaboration with the participant/coresearchers. Pinto et al. (2008) participatory study with minority women resulted in several recommendations for "meaningful research collaboration" (p. 97) that would also be applicable to those working in community health or development

projects. These include: building relationships and trust, making long-term commitments, being involved in the community, having team members with diverse experiences and knowledge, and taking a holistic approach to health and illness that is reflected in diverse community activities.

During Freire's (1974) transformative education work in Brazil, he noted that "bit by bit these groups begin to see themselves and their society from their own perspective; they become aware of their own potentialities. This is the point at which hopelessness begins to be replaced by hope" (p. 10). Research methods like photovoice, and health promotion or community development work based on similar foundations, can provide safe, supportive, respectful spaces for hope and empowerment to emerge through a cyclic process of listening, reflection, critical thinking, and action.

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