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Women's Discussion Groups: Applications of Identiry Empowerment Theory

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During the past five years I organized two "women's empowerment" discussion groups in the Washington, DC, metropolitan area. At no stage of formation of these groups have I formally facilitated exchanges as a sociological practitioner, but rather I participate in the discussions as an equal group member. I communicate openly to interested parties that I work as a clinical sociologist, but I do not present my professional status as a rationale or credential for being a leader. By contrast, I emphasize the reality that I need a women's empowerment support group as much as the next person, and that my membership in the group—like everyone else's— is based on a mutual give and take.

Even though I resist assuming a professional leadership role in the two women's discussions groups I describe here, my clinical theoretical orientation is both a foundation and a direction for my group participation. Furthermore, by founding, developing, and sustaining these women's empowerment support groups for the purpose of cultivating support for myself and other women, I necessarily have increased opportunities to ground my identity empowerment theory in real-life data.

Women's Empowerment

The original idea to form a women's empowerment group developed out of my strong dual interests in the processes of women's consciousness raising and the social sources of identity (Hall, 1990). I wanted to participate in women's discussions which would go beyond enhancing awareness about behavior in society at large (Smith, 1987), and create an environment where participants could be solution-oriented and resourceful in assisting each other to deal with everyday hazards and make major life decisions (Bentz, 1992).

Although some of the furthest-reaching goals of women's empowerment seem remote and even improbable from the perspective of small group grass-roots organizations (Albrecht, & Brever, 1990; Bookman, & Morgen, 1988; Ruddick, 1989), sociological data suggest that women do survive more effectively and become more fulfilled when they are able to think about who they are in broad social contexts, and thereby move away from their idiosyncratic interpersonal definitions of situations into increasingly public arenas (Mills, 1959; Scott, 1991). It was in this spirit of an individual and social need to expand women's views of themselves, and to expedite their possibilities of identifying their personal troubles with social issues, that my initial plan for women's empowerment discussion groups was conceived.

Identity Empowerment Theory

Identity empowerment theory suggests that heightening individuals' aware-ness of patterns of interaction in their families, belief systems, social class, culture, and society/history as key social processes in defining themselves is a critical initial stage of their becoming more empowered (Hall, 1990). Subjective meanings are honored in this broadening of understanding, and at the same time individuals become increasingly objective about their own functioning. Clinical data suggest that we must be able to understand more fully how broad social influences impinge on our lives if we are to experience meaningful self-realizations with responsible social consequences (Glass, 1992).

Empowerment occurs in the women's discussion groups as women open and broaden their perspectives on their lives. Their behavior becomes increasingly responsible as they participate more deliberately in these critical spheres of social activity. As in all social conditions, identity is empowered as we become historical actors in our own right (Mills, 1959).

Historical Background

The first women's empowerment discussion group was formed in December 1987. This group was sponsored by the National Organization for Women. After 2 years the discussion group became independent, and after 3 years, a second women's empowerment group was formed.

The discussion meetings are held in public libraries in Bethesda, MD, and in Washington, DC. They are advertised regularly (once a month for each of the two groups) in the "support groups" section of *The Washington Post* "Health Calendar," which is published once a week. The women's discussions are held every third Saturday, 10:00 to 11:30 am, in Washington, DC, and every fourth Saturday, 10:00 to 11:30 am, in Bethesda, MD.

Attendance at the discussion meetings has been uneven over the 5-year period. The average number of participants during this time is around 6 women at any given meeting, and there has been a range from 2 to 20 participants. There is no admission or membership fee, and no commitment is required or requested as a condition for continuing attendance.

Although the outreach advertising reaches an extremely wide audience, mainly educated white middle class women have responded (by telephone) and participated. The age range of participants has been from 19 to 79 years, and the most regular attenders have been in a 30 to 50 age group.

Discussion Dynamics

Women's empowerment meetings do not include a formal presentation. The meeting time (1½ hours) is divided equally among the women who attend, and each participant is invited to give background information about themselves, describe any current concerns they have, and raise a central question with the group in order to receive specific feedback and suggestions. Topics discussed frequently include family matters, promotion, health, interpersonal conflicts, career plans, and parenting. When six women attend a meeting, each person has approximately 12 to 15 minutes in which to give information and receive suggestions. When one participant has completed her question and answer exchange, another woman continues with her background, concerns, and question for the group.

The loose, nonhierarchical organization of the discussion group allows all participants to either offer views or remain silent. A variety of "leaders" monitor the timing of each person's contribution, and participants are requested to keep the content of communications confidential.

The library meeting room is scheduled to include an additional ½ hour at the end of the 1½ hour meeting, to enable women to discuss matters informally after the end of the meeting if they wish. Also, telephone numbers are exchanged through a sign-in sheet, and contacts among participants outside the regular meeting schedule are encouraged.

The last few minutes of organized meeting time are used for planning future meetings and defining division of labor responsibilities. The free *Washington Post* advertising and low-cost public library meeting room reservation system generally work smoothly, but chores need to be rotated and differences of opinion resolved. Administrative matters are purposely raised only at the end of each meeting rather than earlier, so that optimum attention can be devoted to women's substantive concerns.

Outcomes

Lack of continuity in women's attendance at the empowerment discussion groups makes it difficult to give any scientific or quantitative evaluation of the effectiveness of this small group means toward achieving women's empowerment. However, for the women who attend regularly, and even for those who attended irregularly or for a few months only, participation seems to improve their ability to select constructive and meaningful options and make major decisions. These women are able to see themselves and society differently as a consequence of listening to each other's reports and concerns, and they are freer to act independently of the inevitable pressures they receive from families and significant others.

During the course of these 5 years, some women participants became interested in organizing new discussion groups in different geographical locations. Three similar meetings were started in this period—in Reston, VA, Wheaton, MD, and DC. However, these additional groups had difficulty maintaining themselves, and only the Bethesda and DC groups described persisted. Both of these latter discussion groups continue in part as a "principled" activity—participants feel strongly that their groups should exist as resources for any woman to turn to when in need.

Conclusions

Identity empowerment theory appears to be an effective foundation for community organization and intervention in some social change processes. This

clinical theory clarifies complexities in patterns of interaction, as well as provides direction for group participants. I believe that the discussion groups described could not have been effective without some indirect adherence and allegiance to these particular theoretical underpinnings.

Clinical sociology, and especially clinical sociological theory, are useful tools for community intervention and the promotion of constructive social changes, whether or not individuals recognize that broad social processes influence their behavior. Clinical sociologists are most effective when they are able to transform personal troubles into social issues (Mills, 1959), whatever the gender, ethnic, or racial groups of community members.

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