**Balancing Empowerment & Advocacy: How to advocate for yourself, empower others, and avoid reinforcing marginalisation**

Empowerment and advocacy often go together, but each must be done intentionally to ensure equity, particularly when considering marginalised groups. It is important to amplify voices without speaking over them, challenge injustice we see happening to others without reinforcing dependency, and facilitate change without perpetuating power imbalances. Striking the correct balance can be difficult for both sides. Those who find themselves stigmatised or discriminated against may want to speak up but find it difficult, or experience fatigue from the feeling of constantly needing to defend their rights. Similarly, when we see others struggling or being treated unfairly, we may want to help but not know how, or on the other hand, be too quick to try to “rescue” someone from a situation. In this article, we will look at how to advocate for yourself, empower others to do so, and what to consider when doing either.

*Self-Advocacy*

To start, what is self-advocacy? Self-advocacy, in short, is being able to ask that your needs are met. It is also setting boundaries and being able to say no when something is infringing on you being able to take care of your own needs. This is not to say that your needs will always be met or even *need* to always be met by others, as whenever we ask for something this will need to be balanced with what others want and need as well. But being able to vocalise what is valuable to you already puts you in a much better position to get it.

As with most things, this is easier said than done. Many of us have learned and internalised that we should put the needs of others before our own. For those with marginalised identities, many may have learned that their needs are less important, because society as a whole sees their identity as less worthy. And while no single person can compensate for the failings of a society that views some people as less valuable than others, often in interpersonal interactions, if we acknowledge ourselves and our needs as valuable, the other person will see the same. This, in essence, is the importance of self-advocacy. You are signalling to yourself and the people around you that what you need is worthy of being asked for and considered. Being able to advocate for yourself takes a certain level of confidence, because it can be scary, especially if you are not used to sticking up for yourself or worry this will create a conflict. However, the end result can be worth the temporary discomfort.

Luckily, while the empirical findings are mixed,1 confidence is being increasingly regarded as an *ability* rather than a personality trait. This means that, just like playing an instrument or speaking a new language, confidence is something that can be practiced and mastered. The more you advocate for yourself, the easier it will become with time, and the more likely it will be that you get what you need from others. Practicing self-advocacy can also build your self-esteem. As they say, “fake it ‘till you make it” – the more you *act* like you’re worthy, the more you will start to believe it. Advocating for yourself not only has positive impacts on self-esteem, but may also be good for your health. For instance, one study of Black adults in the U.S. found that those who typically challenged unfair treatment due to their race had significantly lower blood pressure than those who accepted unfair treatment as a “part of life.”2

Some tips on how to advocate for yourself include:3

1. Knowing your rights and being informed about policies and laws, especially if advocating for yourself within systems and services
2. Recognise your worth and challenge negative self-talk
3. Accept that you might feel nervous, and that’s expected
4. Be prepared for a “no”
5. Get support from others if needed

As we know, advocacy, or the act of making a case on someone else’s behalf, can be a crucial support for someone being stigmatised against or otherwise treated unfairly. In the care-experienced community especially, advocacy is a major part of support offered and is necessary when an individual’s rights are not being respected in the ways promised. However, what if we shifted our focus to *empowering* others? Unlike advocacy, which is speaking up for someone else, empowerment is helping another have the freedom and ability to do something for themselves.

Why might empowerment sometimes be more useful than advocacy? Empowerment more so recognises the ability of the individual to advocate for *themselves*, and offers the encouragement and background support for them to do so. Approaching matters from an angle of empowerment also helps us to avoid unintentionally reinforcing stigmatisation and a separation between us and the “other.” A common example of this is the “white saviour complex,” or one’s assumption that they know best what people of colour need and have the skills to “save” them, and the feeling of superiority that White people may feel after stepping in and helping a disadvantaged ethnic group in a way that primarily serves the ego of the helper. An example of this would be a group going to Africa to build a school that the members of the community cannot sustain because they have not been allowed the resources to do so. In care or social work, a similar concept is a “hero complex” in which individuals may feel they need to rescue people and enjoy the boost from doing so. While this often comes from a good place of wanting to help, always jumping in to fix an issue for someone can reinforce the power imbalance when we should be empowering the individual and supporting their autonomy, all while working for systemic change that removes the power imbalance that led to the unfair treatment of the person in the first place.

With that said, it is important we continue to be aware of the obstacles that someone facing marginalisation come up against on a daily basis that creates what is called “minority stress.” The minority stress model was developed by Meyer in 20034 regarding those of a sexual minority, explaining how health disparities and negative impacts on mental health can arise from the excessive social stressors of being someone within a stigmatised group. This model can apply to anyone of a “marked” category, whether that be regarding race, gender, sexuality, disability, or care-experience. Several studies have noted the harmful impacts of being someone from an underrepresented or stigmatised group. In a review of studies focusing on medical students from ethnic groups underrepresented in medicine, Lawrence et al. (2021) found evidence that such students may experience unique stressors that make it more likely for them to experience burnout.5  Another study by Seng et al. (2012) found that those with multiple marginalised identities reported higher burden from everyday discrimination, which was associated with higher levels of depression and anxiety.6 These negative effects may be due, in part, to those of marginalised identities needing to constantly prove themselves and their value to others, which can create distress and take a toll on mental health.

“The burden, bite, and sting of categorical distinction is something borne by ‘the other.’ It is those who are not full members, not one ‘of us,’ those who are lesser and most of all among ‘the others’ who understand and feel the depth of stigmatisation, of inequality, of social constraint.” – Lawrence D. Bobo7

Striking the balance between encouraging self-advocacy and empowering others, and stepping in to help someone who is being discriminated against, is a tricky one to get right and requires constant reflection and awareness on behalf of the supporter and the person needing their needs met. If you find yourself needing to self-advocate, it is crucial to be aware of your limits and when you might need to ask for help. As discussed, becoming more comfortable speaking up and expressing the value you see in yourself and the importance of what you’re asking for can have positive impacts on your physical and mental health by reducing the stress of *not* getting what you need. However, fighting battles on your own is not always useful either, especially regarding systems characterised by inequality, and can lead to more stress. Likewise, if you are supporting someone else, it can be beneficial to first approach this from a place of wanting to empower them to use their voice and feel capable of asking for what they deserve. But if you recognise that someone is experiencing significant stress because of needing to relentlessly fight to get what they need, it may be time to ask them what you can do.

1. Burns, K. M., Burns, N. R., & Ward, L. (2016). Confidence – more a personality or ability trait? It depends on how it is measured: A comparison of young and older adults. *Frontiers in* *Psychology*, 7. <https://doi.org.10.3389/fpsyg.2016.00618>
2. Krieger, N., & Sidney, S. (1996). Racial discrimination and blood pressure: The CARDIA study of young Black and White adults. *American Journal of Public Health, 86*(10), 1370-78. <https://doi.org/10.2105/AJPH.86.10.1370>
3. Gupta, S. (August 2024). Are You Standing Up For Yourself? It’s Time to Self-Advocate and Take Your Power Back: No more being used, ignored, or taken for granted. *Very Well Mind*. <https://www.verywellmind.com/self-advocacy-benefits-and-strategies-8697994>
4. Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674-97. <https://doi.org/10.1037/0033-2909.129.5.674>
5. Lawrence, J. A., Davis, B. A., Corbette, T., Hill, E. V., Williams, D. R., & Reede, J. Y. (2021). Racial/ethnic differences in burnout: A systematic review. *Journal of Racial and Ethnic Health Disparities, 9*(1), 257-69. <https://doi.org/10.1007/s40615-020-00950-0>
6. Seng, J. S., Lopez, W. D., Sperlich, M., Hamama, L., & Reed Meldrum, C. D. (2012). Marginalized identities, discrimination burden, and mental health: Empirical exploration of an interpersonal-level approach to modelling intersectionality. *Social Science & Medicine, 75*(12), 2437-2445. <https://doi.org/10.1016/j.socscimed.2012.09.023>
7. Bobo, L. D. (2016). Empowering “the Other.” *Du Bois Review: Social Science Research on Race, 13*(1). <https://doi.org/10.1017/S1742058X16000096>