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Poverty and Power:

Suffering and Wellness in Collective, Relational, and Personal Domains

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In the time that it takes you to read this page, approximately 60 children under five will die. Every hour, about 1140 young children die; most of them from malnutrition and preventable diseases. Annually, it is about 10 million lives. In Sub-Saharan Africa, the rate of under five mortality is 172 per 1000 live births. In industrialized countries, the rate is 6 per 1000. While many in the West worry about obesity in children, 149 million children in developing countries experience malnourishment. Some people drink bottled water, others drink only filtered water; 1.1 billion people around the globe have no access to safe water at all (UNICEF, 2001).

But poverty is not something that happens only in remote places to different people. It happens in industrialized countries as well. One in every six children in OECD nations lives in poverty. This is about 47 million children. "Despite a doubling and redoubling of national income in most (OECD) nations, a significant percentage of their children are still living in families so materially poor that normal health and growth are at risk" (UNICEF Innocenti Research Centre, 2000, p. 5). "Relative" poverty is a common definition used in industrialized countries. It refers to families with incomes below 50% of the national median. According to that formula, child poverty in OECD countries ranges from 2.8% of all children in Sweden, to 7.9% in France, 12.6% in Australia, 15.5% in Canada and 22.4% in the USA.

Another way to appreciate the toll of poverty is in life expectancy. In 1986, life expectancy for males in Russia at age 15 was 52 years. In 1994, after the collapse of the economy, males at age 15 could be expected to live only to age 45 (Marmot, 1999). For males, probability of death between ages 15 and 60 in the year 2020 is 32% for former socialist economies of Europe and Sub-Saharan countries, 18% for Latin America, and 12% for most OECD countries (Marmot, 1999). In Britain, life expectancy at age 15 varies considerably among social classes. Data for the period 1987-91 show that women in the bottom two social classes are expected to live 3.4 years less (62.4 years) than those in the top two classes (65.8). For men, the disparity is greater: those in the lower classes will live 4.7 years less (55.8) than those in the upper classes (60.5 years) (Shaw, Dorling, & Smith, 1999).

While shocking, the statistics belie the human face of poverty. A story told by Jean-Bertrand Aristide (2000), child advocate and former president of Haiti, reveals the suffering as well as the resilience and solidarity of the Haitian people. A one month old baby was found in a pile of garbage by a poor woman. Part of his hand had been eaten by ants. The poor woman, who

already had two children of her own to feed, immediately and without hesitation adopted the baby. Reflecting on the resilience of his people, Aristide invokes "wealth of humor, warmth of character, ease of laughter, dignity, (and) solidarity" (2000, p. 21) as building blocks of resistance and strength. In developing countries women sell their own organs to feed their children, while children from young age go to work to support their parents (Feuerstein, 1997). This chapter is about the grim realities of poverty, but also about the struggle to survive it with dignity and solidarity, and about strategies for eliminating poverty. All over the world poor people engage in incredible acts of courage to sustain their families and communities. They do so in the face of adversity, discrimination, exclusion, illness, and forbidding economic crises (Feuerstein, 1997; Lustig, 2001).

The aim of this chapter is to understand the role of power in the following dimensions of poverty: experiences, consequences, sources, and action. I will explore the implications of these dimensions of poverty for suffering and for wellness. I will do this in three domains: the collective, the relational, and the personal.

OVERVIEW

The chapter follows a praxis orientation that combines vision and values, phenomenology and experiential knowledge, social science, health research, and action to overcome oppression (Prilleltensky, 2001). According to this paradigm, the object of committed social science is not only to document but also to transform conditions of suffering and exploitation (Carspecken, 1996; Flyvbjerg, 2001; Goodley & Parker, 2000). This approach amalgamates the voice of the oppressed with critical perspectives on what constitutes the good life, the good society, and what is the role of power in wellness and suffering (Prilleltensky & Nelson, in press). The application of this orientation to the subject of poverty means that we need to examine experiences, consequences, sources, and actions on poverty from the point of view of poor people and from the perspective of critical social science as well.

Studies dealing with poverty and with well-being rarely combine the psychological and political dimensions of either experience. From a critical and community psychology perspective, there is no experience that is exclusively psychological or political; human phenomena always contain both (Prilleltensky & Nelson, in press). Power differences exert enormous influence on the human experience. Therefore, in this chapter I will investigate the effects of power on the psychological and political dimensions of poverty. Furthermore, we will explore avenues for gaining power to reduce poverty. We begin this exploration with the four key concepts that concern this topic: power, poverty, wellness and suffering.

Power and Poverty

I begin with power because, in my view, it is the main axis around which oppression and exploitation revolve. Power is multifaceted and ubiquitous. There is physical and psychological power, there is the power of the individual and the power of the corporation, the power of the citizen and the power of the state, the power of the employer and the power of the employee, power to define poverty and power to redefine somebody else's identity. Given its cardinal role

in social life and social problems, I want to propose a working definition of power I developed with Geoff Nelson:

Power refers to the capacity and opportunity to fulfil or obstruct personal, relational, or collective needs. We distinguish among power to strive for wellness, power to oppress, and power to resist oppression and strive for liberation. In each instance, the exercise of power can apply to self, others, and collectives; and can reflect varying degrees of awareness with respect to the impact of one's actions. Whereas people may be oppressed in one context, they may act as oppressors in others. Power affords people multiple identities as individuals seeking wellness, engaging in oppression, or resisting domination. Within a particular context, such as the family or work, individuals may exercise power to facilitate the wellness of some people but not of others. Across contexts, actors may engage in contradictory actions that promote personal or collective wellness in one place but that perpetuate oppressive practices in other settings. Due to structural factors such as social class, gender, ability, and race, people may enjoy differential levels of power. Degrees of power are also affected by personal and social constructs such as beauty, intelligence, and assertiveness; constructs that enjoy variable status within different cultures. The exercise of power varies not only across contexts, but also across time. Within a particular setting or relationship, people may occupy different roles at different times, making the exercise of power a very dynamic process. (Prilleltensky & Nelson, in press).

According to this definition, power may be used to strive for wellness, to oppress others, and to resist exploitation. In the context of poverty, we concern ourselves, respectively, with power to fulfill basic needs, to restrict access to basic needs, and to resist forces of destitution. As power is an amalgam of capacity and opportunity, poor people may experience the former without the latter, in which case the desire to work is insufficient to overcome poverty. Without opportunities and entitlements for employment or without efficient safety nets, no amount of good will can undo the severe effects of structural poverty (Lustig, 2001; Sen, 1999a, b). This is a point frequently missed by those who blame the poor for their misfortune, ascribing destitution to personality deficiencies and lifestyle choices -- myths that easily disintegrate when the context of poverty is taken into account. I provide ample evidence below to refute the theory that anyone with the "right attitude" can overcome poverty.

Power plays a crucial role in experiencing, inflicting, and repulsing poverty. Power's effects can be discerned when we examine the various facets of poverty. While the texture of poverty may be only too obvious to poor people, policy analysts debate its definition and measurement as governments try to manipulate the figures to their own advantage. In a recent report of the United Nations Development Programme, May (2001) summarizes the main definitions of poverty. According to the minimal acceptable standard, poverty refers to the "failure of individuals, households or entire communities to command sufficient resources to satisfy their basic needs....The inability to attain minimal standards of consumption to meet basic physiological criteria is often termed absolute poverty or deprivation" (May, 2001, p. 25). Lack of power to benefit from vital entitlements is at the core of this definition (Sen, 1999b).

Relative notions of poverty refer to the standard of living of a particular group in relation to the standing of less deprived groups. In many OECD countries, household incomes below 50% of the national median constitute relative poverty (UNICEF Innocenti Research Centre, 2001).

Associated with relative notions of poverty is the experience of social exclusion and isolation. The poor are often marginalised and deprived of opportunities to participate meaningfully in societal structures. They are often secluded in ghettos, politically disenfranchised, and economically unable to participate in cultural life; they are powerless in the face of ominous barriers to inclusion.

The Human Poverty Index is another common measure of poverty. It uses basic dimensions of deprivation to assess poverty: lack of access to public and private resources, a short life, and lack of basic education (May, 2001). Diverse methods are more suitable to different contexts. Whereas many people in developed countries have access to basic resources such as food and shelter, their life is marred by exclusion and ill-health (Shaw, Dorling, & Smith, 1999).

In my view, the plight of the poor is best understood in their own terms. Therefore, I elaborate below on poor people's experiences of deprivation, exclusion, and suffering in their own words. For the time being, suffice it to know that poverty inflicts physical, psychological, and spiritual pain in people of all ages; people who strive for wellness and resist the oppressive burden of destitution.

Wellness and Suffering

My primary concern is with the effects of poverty on wellness and suffering. I use the term wellness as opposed to well-being because the former is broader than the latter. Whereas wellness encompasses satisfactory states of affairs at the personal, relational, and collective levels, well-being is typically circumscribed to the personal level alone. Colleagues and I have argued elsewhere that wellness at the personal level is intricately connected to the interpersonal and societal domains (Prilleltensky, Nelson, & Peirson, 2001a, b). We want to distance ourselves from definitions of life satisfaction based primarily on intra-psychic components like beliefs and perceptions. These definitions tend to be psycho-centric because they concentrate on the cognitive and emotional sources and consequences of powerlessness and well-being, to the exclusion of the social, material, and political roots and effects of lack of control and poor quality of life. There is a vast material reality "out there" that impinges on how we feel and how we behave towards each other. While beliefs and perceptions are important, they cannot be treated in isolation from the cultural, political, and economic environment (Eckersley, in press; 2000). We require "well-enough" social and political conditions, free of economic exploitation and human rights abuses, to experience quality of life. All the same, we expect interpersonal exchanges based on respect and mutual support to add to our quality of life. Eckersley (2000) has shown that subjective experiences of well-being are heavily dictated by cultural trends such as individualism and consumerism; whereas Narayan and colleagues have claimed that the psychological experience of poverty is directly related to political structures of corruption and oppression (Narayan, Chambers, Kaul, Shah, & Petesch, 2000; Narayan, Patel, Schafft, Rademacher, & Kocht-Schulte, 2000).

Much like our definition of power, Sen (1999b) frames poverty in terms of both capabilities and entitlements. Without the latter the former cannot thrive. Both in our definition of power and in Sen's conceptualization of poverty there is a dialectical relationship between personal capacities and environmental factors. But our approach to power and Sen's approach to poverty share

another dimension. In both cases capacities and resources are at once intrinsically meritorious and extrinsically beneficial. This means that a sense of mastery and control is both an end in itself as well as a means of achieving wellness or reducing poverty. Access to preventive health care and educational opportunities are not only means to human development but also ends on their own right. Wellness at the collective level is not measured only by the health and educational outcomes of a group of individuals, but also by the presence of enabling institutions and societal infrastructures. Hence, we define wellness in broad terms that encompass social progress and human development.

Our definition of wellness entails personal, relational, and collective wellness to capture precisely the various aspects of a decent and meaningful life; not just the personal perceptions of individuals, but also the qualities of interpersonal relationships and of the political, cultural and economic structures. Wellness, then, can be defined as a positive state of affairs achieved by the simultaneous and synergistic satisfaction of personal, relational, and collective needs. These needs are met by coherent values, adequate psychological and material resources, and by effective social policies and programs. Personal needs such as control and self-efficacy have to be reflected in social values like self-determination; whereas relational needs such as sense of community should be met by values and policies fostering social cohesion. In turn, collective needs for fair and equitable distribution of resources and for environmental protection must be upheld in values that foster justice and sustainability (Prilleltensky, 2001; Prilleltensky & Nelson, 1997, 2000; Prilleltensky, Nelson, & Peirson, 2001a, b). The values required to foster wellness, briefly presented in table 1, are mutually reinforcing and fully interdependent. I will provide examples of their interdependence throughout the chapter.

[Insert table 1 about here]

Sen (1999a, b) articulates the complementarity of diverse social structures in fostering what we call wellness and what he calls human development. Sen invokes the interaction of five types of freedoms in the pursuit of human development: (a) political freedoms, (b) economic facilities, (c) social opportunities, (d) transparency guarantee, and (e) protective security.

Each of these distinct types of rights and opportunities helps to advance the general capability of a person. They may also serve to complement each other....Freedoms are not only the primary ends of development, they are also among its principal means. In addition to acknowledging, foundationally, the evaluative importance of freedom, we also have to understand the remarkable empirical connection that links freedoms of different kinds with one another. Political freedoms (in the form of free speeches and elections) help to promote economic security. Social opportunities (in the form of education and health facilities) facilitate economic participation. Economic facilities (in the form of opportunities for participation in trade and production) can help to generate personal abundance as well as public resources for social facilities. Freedoms of different kinds can strengthen one another. (Sen, 1999b, pp. 10-11)

Our theory of wellness frames human development in terms of the mutually reinforcing properties of personal, relational, and societal qualities. Personal needs such as health, self-determination, and opportunities for growth, are intimately tied to the satisfaction of collective needs such as adequate health care, access to safe drinking water, fair and equitable allocation of

burdens and resources and economic equality. Citizens require public resources to pursue private aspirations. There cannot be caring without justice, and justice without caring.

Personal and collective needs represent two faces of wellness. The third aspect, the relational domain, is crucial because individual and group agendas are often in conflict. Indeed, like power, conflict is immanent in relationships. Two sets of needs are primordial in pursuing healthy relationships among individuals and groups: respect for diversity and collaboration and democratic participation. Respect for diversity ensures that people's unique identities are affirmed by others, while democratic participation enables community members to have a say in decisions affecting their lives (Prilleltensky & Nelson, 2000). Our three domains of wellness parallel the main freedoms and capabilities required for human development (Sen, 1999a, b). As Sen noted, the main freedoms include "the development of individual capabilities as well as enhancement of social facilities" (p. 7). We see below how the three dimensions of wellness correspond to poor people's descriptions of their lives and to Sen's prescriptions for overcoming suffering and economic disadvantage.

Suffering is the opposite of wellness. It is characterized by unmet needs at the personal, relational, and collective domains. Suffering comes about by deprivation of autonomy, human rights, access to food and water, shelter, and protection from disease and economic crises. At the relational level, suffering occurs when human interactions are marred by disrespect, shame, exclusion, humiliation, erasure of identity and repression of diversity. Collectively, suffering is occasioned primarily by structures of political and economic oppression and exploitation. Table 1 shows the main experiences, consequences, and sources of suffering in the lives of poor people at the collective, relational, and personal domains (Aristide, 2000; Feuerstein, 1997; Interfaith Social Assistance Reform Coalition, 1998; Lustig, 2001; Narayan, Chambers, et al., 2000; Narayan, Patel, et al., 2000; Parayil, 2000; Sen, 1999a, b). The table also shows possible actions at the various levels of analysis to overcome and eliminate the effects of poverty. Although most experiences are negative and related to suffering, I emphasize in italics experiences related to strength, resilience and solidarity. The synoptic framework presented in table 1 does not differentiate between developed and developing countries, nor does it distinguish between rural and urban poverty. A more detailed discussion of these differences is provided in the next sections.

EXPERIENCES OF POVERTY

The experience of poverty in developed and developing countries can be quite different. There is also great variation across urban and rural settings. Indeed, there are thorough reviews of the phenomenology, effects, and political economy of poverty in developed and developing countries (Chase-Lansdale & Brooks-Gunn, 1995; Feuerstein, 1997; Interfaith Social Assistance Reform Coalition, 1998; Kawachi, Kennedy, & Wilkinson, 1999; Shaw, Dorling, & Smith, 1999; Narayan, Patel, et al., 2000; Sen, 1999a). These sources offer in-depth analysis of poverty in diverse contexts. I will try to reflect here these experiential differences by quoting from extensive studies conducted with poor people around the world.

In a remarkable study, the Poverty Group of the World Bank conducted participatory poverty assessments with over 60,000 people in over 47 countries (Narayan, Chambers, et al., 2000;

Narayan, Patel, et al., 2000). The two books edited by Narayan and colleagues provide a vivid account of what it is like to live in poverty in urban and rural settings in developing countries. These accounts are supplemented in this chapter by reports on poverty in developed countries like Australia (The Smith Family, 2000), Canada (Interfaith Social Assistance Reform Coalition, 1998), The United States (Chase-Lansdale & Brooks-Gunn, 1995), and The United Kingdom (Howarth, C., Kenway, P., Palmer, G., & Miorelli, R., 2000; Maxwell & Kenway, 2000). I will describe experiences of suffering and wellness at the collective, relational, and personal levels. Moreover, I will argue that the role of power in poverty is crucial at all levels of analysis.

Suffering

On a global scale, absolute poverty is concentrated in the South - but relative poverty and real deprivation also exist in the North. In the UK, over a quarter of people live in low income households, with worse health, lower life-expectancy, lower levels of social participation, and worse life chances than those above the poverty line. Children are disproportionately disadvantaged. (Maxwell & Kenway, 2000, p. 1).

At the collective level, people in the South suffer from two sets of devastating experiences: (a) *insecurity, chaos, violence*, and (b) *economic exploitation*. Narayan and colleagues (Narayan, Chambers, Shah, & Petesch, et al., 1999; 2000; Narayan, Patel, et al., 2000) interviewed thousands of people who commented on the fear of living with uncertainty and lack of protection. Lack of order and lawlessness exacerbate the plight of the poor and add a dimension of terror to the material deprivation. A poor woman in Brazil pointed out that *there is no control over anything, at any hour a gun could go off, especially at night* (Narayan, Chambers et al., 1999, p. 7). Chaotic environments in politically unstable regimes are fertile grounds for crime and violence. The poor are the most vulnerable of all as they are often homeless and exposed to random acts of violence. Many observed that the police can be quite brutal and heartless in their dealings with the poor. Even more complained about the lack of institutional protection afforded by the State (Narayan, Chambers et al., 2000).

Economic exploitation is felt as a trap without escape. Children and adults working at slavery or near slavery levels have no choice but to relinquish their freedom and abide by rules of despotic employers.

Officially, slavery no longer exists in Haiti. But through the lives of children in Haiti who live as *restaveks* we see the remnants of slavery. *Restaveks* are children, usually girls, sometimes as young as 3 and 4 years old, who live in the majority of Haitian families as unpaid domestic workers. They are the first to get up in the morning and the last to go to bed at night. They carry water, clean house, do errands and receive no salary....they eat what is left when the others are finished, and they are extremely vulnerable to verbal, physical and sexual abuse. (Aristide, 2000, p. 27).

Entire communities and entire countries experience economic exploitation. Poor communities working for starvation wages in fields feel trapped (Feuerstein, 1997). Poor countries feel equally trapped by international lending institutions that force governments to drop social services and lift tariffs on imports in the name of efficiency and economic growth. Korten (1995)

reviews the cases of Costa Rica and Brazil. In both instances, structural adjustment programs imposed by the International Monetary Fund and the World Bank displaced millions of agricultural workers. Furthermore, many countries have "become dependent on imports to meet basic food requirements" (Korten, 1995, p. 49). Aristide (2000), in turn, reviews the case of rice production in Haiti. In a matter of ten years, from 1986 to 1996 Haiti increased its import of rice from 7,000 to 196,000 tons per year. During that period Haiti

complied with lending agencies and lifted tariffs on rice imports. Cheaper rice immediately flooded in from the United States where the rice industry is subsidized....Haiti's peasant farmers could not possibly compete....Haitian rice production became negligible. Once the dependence on foreign rice was complete, import prices began to rise, leaving Haiti's population, particularly the urban poor, completely at the whim of rising world grain prices. (Aristide, 2000, p. 11-12)

These stories are repeated throughout the entire South (Korten, 1995). The price of structural adjustment policies in countries like Haiti, Brazil and Costa Rica is unemployment and displacement for millions. Measures imposed at the collective level are felt very much at the personal level as well.

Economic policies that result in unemployment affect people in the South and in the North. Based on research in developed countries Fryer (1998) asserts that "unemployment is centrally involved in the social causation of mental health problems" (p. 78). Furthermore, he claims that unemployment is psychologically debilitating because it "disempowers by impoverishing, restricting, baffling and undermining the agency of the unemployed person....Unemployment generally results in psychologically corrosive experienced relative poverty" (Fryer, 1998, p. 83). The impact of recessions can be felt in unemployment and in many other levels as well. Wages go down, health and working conditions deteriorate, and minorities are more visibly excluded from the job market (Fryer, 1998).

Policies and societal practices are very much felt at the individual and interpersonal levels. Just as wellness is brought about by the synergy of personal, relational, and collective needs, so is suffering caused by the synergy of unmet needs at all levels. "Poor people report living with increased crime, corruption, violence, and insecurity amidst declining social cohesion. People feel helpless against forces of change" (Narayan, Patel, et al., 2000, p. 222). We see in this quote the interaction of collective, relational and personal factors in the plight of the poor. Fewer resources at the collective level mean increased competition and exclusion at the interpersonal level. Exclusion, in turn, contributes to isolation and alienation.

In the struggle for survival social relations suffer. Suffering at the relational level is marked by (a) *heightened fragmentation and exclusion* and by (b) *fractious social relations*. An Ecuadorian participant in the World Bank study put it succinctly: *What is mine is mine, and what is yours is yours, in this community people are very stingy* (Narayan, Patel, et al., 2000, p. 222).

The personal dimension of suffering in poverty is characterized by (a) *powerlessness*, (b) *limitations and restricted opportunities in life*, (c) *physical weakness*, (d) *shame and feelings of inferiority*, and (e) *gender and age discrimination*. Impotence in light of ominous societal forces like crime and economic displacement fuels the sense of powerlessness. Lack of power and sense

of control feature prominently in the phenomenology of poverty. People feel they have dreams for their children that will never be fulfilled. Illness and disability were frequently mentioned, not only because of the physical pain endured by malnutrition and harsh labour, but also because a physical disability meant inability to work. With their bodies as their main working tool, an impairment translates in hunger for adults and their children. The body has to endure the lack of shelter, food, water, and clothing. Illnesses and injuries are frequently experienced but infrequently treated. *If you don't have money today, your disease will take you to your grave* (An old man in Ghana, in Narayan, Patel, et al., 2000, p. 218).

Shame was a strong feeling expressed by poor people in the South and in the North. It can be captured by the following quotes from Canadian children:

Poverty is....pretending that you forgot your lunch, being teased for the way you are dressed, feeling ashamed when my dad can't get a job, not getting a hot dog on hot dog day, being afraid to tell your mom that you need gym shoes, not getting to go to birthday parties, not buying books at the book fair (Grade 4 & 5 children, North Bay, Ontario, Canada, in Interfaith Social Assistance Reform Coalition, 1998).

Discrimination based on gender and age was a prominent issue in most accounts of poverty. Gender discrimination is strongly felt in the north and northwest of India and in some parts of East Asia. Studies demonstrate that in these regions there is excess female infant and child mortality. There is also evidence that with the advent of amniocentesis there is selective abortion of female foetuses. In parts of Sub-Saharan Africa women have heavier workloads than men and have very little say in private and public decision making (Razavi, 1999).

Reports indicate that poor women are also very often the subject of domestic violence. Health Canada produced in 1996 a report called *Breaking the links between poverty and violence against women*. The authors noted that "many thousands of Canadian women experience poverty and violence every day....for many women, poverty adds another dimension to the pain and suffering they experience as a result of violence" (Gurr, Mailloux, Kinnon, & Doerge, 1996, p. 1).

Children and the elderly are also discriminated against. In the United States, for instance, there are approximately 3 million child abuse reports each year. This is, on average, a report of abuse every 10 seconds (U.S. Department of Health and Human Services, 1998). Studies show that a preponderance of child abuse cases take place, in fact, in poor families (Prilleltensky, Nelson, & Peirson, 2001b). Discrimination against the young and the old happens not only in family quarters, but also at state level. The majority of old people in developing countries are uninsured by any type of social security plan. In Sub-Saharan Africa less than 10 percent of the old population is covered. In East Asia less than 30 percent of old people have any pension or social security. Only the very wealthy can age securely in these countries. In contrast, in most OECD countries between 90 and 100 percent of old people are covered (James, 2001).

The lived experience of poverty, at all levels of analysis, is characterized by powerlessness. *Poverty is like living in jail, living under bondage, waiting to be free* (A young woman in Jamaica, in Narayan, Chambers, et al., 1999, p. 8). When rice farmers in Haiti work as hard as

they can, abide by all the rules, and still cannot compete with American producers, there is a profound sense of powerlessness and lack of control. When little *restavek* girls work day and night and sustain multiple forms of abuse, hopelessness ensues. When poor women are subjected to humiliation, exclusion and violence, powerlessness is the most common outcome. Power differentials sit at the core of suffering for poor people of all ages. The power inequality expressed by poor people is not psychological or political but always both. Material and economic power are intertwined with feelings of shame and inferiority. In the light of so much adversity, it is against the odds that poor people still engage in acts of meaning, solidarity and wellness.

Wellness

Poor people envision a good life based on positive conditions at collective, relational, and personal levels. At the societal level they seek to experience (a) *social justice, security and peace*; to benefit from (b) *material well being and assets*; and to live in places with accessible and responsive (c) *community services and organizations*. In the South in particular poor people talked at length about the wish to have reliable government agencies. They want to have a police force that would protect them, health professionals that would treat them with respect, and safety nets that would support them in times of crises. Almost uniformly they wish an education for their children. With regards to material well being, it is worth noting that poor people expect only enough to live. In the South, there were no parallels between wealth and well-being. Material well-being was equated with sufficient nutrition and shelter for a decent life (Aristide, 2000; Feuerstein, 1997; Narayan, Chambers, et al., 1999; 2000; Narayan, Patel, et al., 2000).

These societal resources enable people to participate in society and to develop their potential. The relational domain of wellness, according to poor people, should encompass (a) *respect and tolerance for diversity*, (b) *democratic participation*, (c) *sense of community, solidarity* and (d) *social support*. At the personal level, poor people expressed a desire for (a) *freedom of choice and action*, (b) *health and physical well-being*, and (c) *capacity for action*.

These wishes concur with the wellness model proposed by Prilleltensky and colleagues and briefly summarized in table 1 (Prilleltensky, Nelson, & Peirson, 2001a, b).

In spite of great adversity, many poor people not only wish for but enact many of these qualities; primarily those related to solidarity and support. "Maintaining social traditions, hospitality, reciprocity, rituals, and festivals are central to poor people's defining themselves as humans, despite dehumanizing economic and environmental realities" (Narayan, Patel, et al., 2000, p. 217). A poor woman in Ukraine noted that *without these simple humane signs of solidarity, our lives would be unbearable* (Narayan, Patel, et al., 2000, p. 217).

The experience of wellness derives from the confluence of collective, relational, and personal factors. In certain contexts some elements would, and should, take precedence. Diverse contexts require unique configurations of wellness-promoting factors and values. At some point in time collective factors may predominate; while in others relational variables would come to the fore. Sen (2001) observed that

The same values and cultural norms can be extremely successful at one phase of development, but less so at another. What we have to look at is not the general excellence of one set of values over all others, but the specific fit of particular values with the nature of the problems that are faced in a given -- but parametrically variable -- situation. The contingent nature of the contribution that values make is important to seize" (p. 10).

The aim is always to reach a sufficient degree of satisfaction of each dimension of wellness, and to ascertain which dimension requires preference in the present context. Once each domain is sufficiently satisfied and the most pressing one targeted for action, they can all contribute to the whole of wellness for individuals and communities alike. In the absence of any one domain wellness cannot be achieved. And in the absence of power or resources to procure the attainment of collective, relational, or personal needs, wellness remains an illusion. Poor people must have increased access to economic, political, and psychological power to experience wellness.

CONSEQUENCES OF POVERTY

There is a negative synergistic effect of the impact of poverty on groups, relationships, and individuals. An assault on any one level diminishes the overall wellness of individuals, communities, and nations alike. Let's begin with an examination of poverty on population health.

A woman's lifetime chance of dying in pregnancy or delivery in least developed countries is 1 in 16. In industrialized countries the chances are 1 in 4,085 (UNICEF, 2001). While most poor mothers living in industrialized countries receive much better prenatal care than their counterparts in developing nations, they nevertheless face higher risks than mothers in higher socioeconomic groups. Poor mothers in developed countries have greater incidence of premature and low birth weight babies. In general, lower socioeconomic groups have greater health risks associated with poor diet, hypertension, physical inactivity, smoking, and lack of breast feeding (Robertson, Brunner, & Sheiham, 1999).

Life span and the global burden of disease also demonstrate the health effects of poverty. In some regions of Africa life expectancy for women is 35.4 years, whereas in parts of the Western Pacific region it is 80.8. Southeast Asia has about 13 times more communicable diseases, maternal, perinatal conditions, and nutritional deficiencies than Europe. The ratio between Europe and Africa is about 1:19 (MacFarlane, Racelis, & Muli-Musiime, 2000).

When probability of death between ages 15 and 60 is compared between richer and poorer countries, the former have outcomes that are about three times better than the latter. Reasons for death include infections, perinatal, nutritional, maternal, cardiovascular, cancer, respiratory disease and other external causes (see Marmot, 1999). Lack of shelter and sanitation are major causes of killing diseases around the world. Feuerstein (1997) reports that between 1988 and 1991, in 34 of the 47 least developed countries, only 46% of the population had access to safe water.

Within countries, the poor, the unemployed, refugees, single parents, ethnic minorities and the homeless have poorer indices of health than more advantaged groups. This applies not only to poor countries, but to rich countries as well. Homeless people in western countries, for example,

are 34 times more likely to kill themselves than the general population, 150 times more likely to be fatally assaulted, and 25 times more likely to die in any period of time than the people who ignore them on the streets (Shaw, Dorling, & Smith, 1999).

There is no question that the economic and political environment influences health in potent ways. Consider the following examples provided by Wilkinson (1996). Perhaps contrary to expectations, a child born and raised in Harlem has less chances of living to age 65 than a baby born in Bangladesh. Also in the United States, life expectancy is 7 years longer for whites (76 years) than for African Americans (69 years). In lower social classes, infant mortality in Sweden (500 per 100,000) is less than half the rate in England (1250 per 100,000). Because of more egalitarian income distribution, the life expectancy of Japanese people increased by 7.5 years for men and 8 years for women in 21 years. This dramatic increase took place between the years 1965 and 1986. Japanese people experience the highest life expectancy in the world, near 80 years, in large part because in that period of time they became the advanced society with the narrowest gap in income differences. Communities with higher levels of social cohesion and narrow gaps between rich and poor produce better health and welfare outcomes than wealthier societies with higher levels of social disintegration. Putnam (2000) demonstrated this point with multiple sources of data for the United States throughout the past century.

The data compiled by Marmot and Wilkinson (1999) clearly indicates that, in addition to economic prosperity, equality and social cohesion are also powerful determinants of health. Indeed,

In the developed world, it is not the richest countries which have the best health, but the most egalitarian....Looking at a number of different examples of healthy egalitarian societies, an important characteristic they all seem to share is their social cohesion...The epidemiological evidence which most clearly suggest the health benefits of social cohesion comes from studies of the beneficial effects of social networks on health. (Wilkinson, 1996, pp. 3-5)

As Wilkinson observed, social cohesion is mediated by commitment to positive social structures, which, in turn, is related to social justice. Individuals contribute to collective well-being when they feel that the collective works for them as well. Social cohesion and coherence are "closely related to social justice" (Wilkinson, 1996, p. 221). Once again we witness the synergistic effects of a collective value such as social justice, with a relational value such as social cohesion. In combination, they produce healthy and engaged individuals that, in turn, contribute to society in terms of productivity and civic engagement (Putnam, 2000; Sen, 1999a, b).

The negative outcomes associated with poverty and inequality are accentuated in times of economic crises or environmental disasters such as earthquakes, floods, and landslides. Lustig (2001) reviews the health and educational effects of recent economic crises in Argentina, Mexico and Indonesia. In Argentina, per capita GDP fell 4.1 percent and per capita private consumption fell 5.6 percent in 1995. The same year, per capita daily protein intake fell 3.8 percent. Growth in primary school enrollment declined from 2.2 percent in 1993 to 0.8 in 1996.

In 1995 Mexico experienced a serious economic crisis. Per capita GDP fell 7.8 percent and private consumption fell 11.1 percent. The health repercussions were severe. Among children

under age 1, mortality from anemia increased from 6.3 deaths per 100,000 live births in 1993 to 7.9 in 1995. The rate for children age 1-4 rose from 1.7 to 2.2.

Indonesia had a severe economic crisis in 1998. Per capita GDP fell 14.6 percent. School dropout rates for children 7-12 in the poorest quartile rose from 1.3 percent in 1997 to 7.5 percent in 1998. For children age 13-19, the rate rose from 14.2 percent to 25.5 percent. The share of children age 7-12 in the poorest quartile not enrolled in school rose from 4.9 percent in 1997 to 10.7 percent in 1998. In the age group 13-19, the rate rose from 42.5 to 58.4 percent.

Inevitably, economic recessions and material deprivation lead to poor outcomes for communities and individuals alike. Mental health deteriorates markedly and symptoms of depression and helplessness ensue (Fryer, 1998; Hendryx & Ahern, 1997). Affected individuals feel disempowered and diminish their contribution to society at large. However, this pattern is not irreversible or overly determined. We will explore later the case of the State of Kerala, India, where human development indicators rise despite poor economic growth (Parayil, 2000). This "negative case" demonstrates that distribution of resources and not necessarily or exclusively economic growth contributes to wellness. In Kerala the population has very high rates of participation in community development, leading not only to social progress but also to personal and collective empowerment (Kannan, 2000). I foreshadow the case of Kerala because it illustrates how relational values of social cohesion and democratic participation, along with collective values of justice and redistribution of resources contribute to improvements in human development indicators. Positive action at the group and collective levels bring about desirable outcomes at the personal level, not the least of which is a sense of power, agency, and control (Franke & Chasin, 2000).

SOURCES OF POVERTY

Despite entrenched ideologies that blame the poor for their misfortune, a cursory analysis reveals that the main sources of poverty are societal and not personal (Leonard, 1997). Rather than provide a comprehensive review of the sources of poverty, which is beyond the scope of this chapter, I will identify key dynamics at the international, national, and community levels.

Globalization is colonization by a new name. Whereas in the past powerful countries invaded territories and dispossessed people of their resources by brute force; in the present, international lending agencies pressure poor countries to open their markets to foreign competition. Whereas in the past raw materials and slave labour were extracted from colonies, nowadays economic empires expect the poor to buy their products (Korten, 1995). In many instances, as in the case of Haiti (Aristide, 2000), countries became poor precisely because of a history of colonization, oppression, and dependency (Korten, 1995). Forceful contact with colonizers not only depleted environmental resources but also tarnished social traditions of native groups. In the case of Indigenous Australians this resulted in economic deprivation, psychosocial problems and health outcomes comparable to so-called third world countries (Dudgeon, Garvey, & Pickett, 2000).

Governments create international institutions that serve primarily nations and corporations in the North. As poor countries depend -- often because of histories of colonization -- on foreign loans, lending institutions like the International Monetary Fund dictate terms and conditions that wipe

social services, health care and public education. Economic growth and efficiency, touted as the only way to prosperity, require the privatization of public utilities and services, resulting in massive unemployment of public sector workers and in restricted access to health, education (Korten, 1995), and sometimes even water, as is the case in Ghana right now (see www.africapolicy.org and www.challengeglobalization.org for updates). The case of rice producers in Haiti illustrated the international dynamics quite well. Governments are forced to open markets and lift restrictions on imports, local producers have to compete with cheaper foreign products that are either subsidized or produced with more efficient equipment. Once the local competition is eliminated prices go up and fewer and fewer people have access to them (Aristide, 2000; Korten, 1995; Weisbrot, 1999).

At the national level, poor countries indebted to the International Monetary Fund and to the World Bank spend considerable amount of money servicing their debts. In the case of Mozambique, the country spends 25 per cent of its income from exports on debt payments. This prevents the country from investing in its own population. If only half of the debt service payments were spent on health care, the lives of 115,000 children and of 6,000 mothers who die in childbirth would be saved (Weisbrot, 1999).

The dominant doctrine that economic growth inflicts short term pain for long term gain in poor countries is challenged by Sen (1999a, b; 2001). Sen claims that investments in education, health and social services in fact contribute to economic strength. He challenges the received wisdom that "human development is a kind of luxury that a country can afford only when it grows rich" (Sen, 1999a, p. 10). With evidence from East Asia, including Japan, Sen demonstrates that policies in favor of comprehensive human development do not retard but rather enhance economic prosperity. "These economies went comparatively early for massive expansion of education, and other ways of broadening the entitlements that allow the bulk of the people to participate in economic transactions and social change. This happened well before breaking the restraints of general poverty; indeed, that broad approach greatly contributed to breaking the restraints of poverty" (Sen, 1999a, pp. 10-11).

Investments in education, health and social facilities enabled East Asian economies to work on economic deprivation quite successfully. Their major shortcoming, however, was not to plan for the possibility of sudden destitution that comes with economic cycles and recessions. As a result, during the 1997 economic crisis millions of working people became suddenly poor or even destitute in countries like Indonesia, Thailand and South Korea. "Even though a fall of 5 to 10 percent of total national income (or of GNP) is comparatively moderate, it can decimate lives and create misery for millions" (Sen, 1999a, p. 40). According to Sen, protective security is as important as economic progress. Many of the Tiger economies of Asia neglected to install safety nets that would catch the victims of economic downturns. This is when the lack of democracy can be most severely felt. For recessions hit most harshly the poor, who, without unions or protective institutions, fall rapidly to destitution. "The victims in Indonesia may not have taken very great interest in democracy when things went up and up. But when things came tumbling down for some parts of the populations, the lack of democratic institutions kept their voices muffled and ineffective" (Sen, 1999a, p. 40).

In Latin America economic crises have had the similar effect of increasing poverty and exacerbating inequality. Based on data from 48 growth and recession periods for 12 Latin American countries, Janvry and Sadoulet (2001) argue that recessions are systematically devastating for the poor. They also note that the gains lost during recessions are not recovered in future spells of growth.

A 1 percent decline in GDPpc in a recession episode eliminates the gains in urban poverty reduction achieved by 3.7 percent growth in GDPpc under early growth, the gains in rural poverty reduction achieved by 2 percent growth under early growth, and the gains in inequality reduction achieved by 9 percent growth under late growth. Recession has a particularly strong ratchet effect on inequality since subsequent growth is unable to compensate for the higher level of inequality achieved. (Janvry & Sadoulet, 2001, p. 37)

The pressure on poor countries to open their markets, combined with repressive policies of authoritarian regimes conspire to widen the gap between rich and poor. Globalization works for powerful corporations while authoritarian regimes work for the corrupt elites that pillage the nation and its resources. As Sen (1999a, b) has eloquently argued, democracy at the *national* level is a prerequisite for the prevention of destitution. As Aristide (2000) and Korten (1995) have persuasively shown, without *international* justice the downward spiral for the majority of poor countries cannot be averted.

Rural poverty in developing countries is closely connected to environmental degradation and to globalization. Without loans, the rural poor are unable to invest in soil and water conservation. When they are in receipt of loans, they become dependent on lenders and have to use their meagre gains to service their debts. Their situation is aggravated by cheap food imports that further depress their returns (Feuerstein, 1997).

The power dynamics operating at the international scene and in developing countries bear resemblance to what happens in developed countries. The same corporations that put pressure on international bodies to open new markets put pressure on domestic governments to reduce public services and cut taxes (Dobbin, 1998). The growing inequality in developed countries is unprecedented. In industrialized countries, economic growth without redistributive policies widens the gap between rich and poor, with adverse health and social effects for the large middle class that is experiencing lower standards of living (Allahar & Cote, 1998; Wilkinson, 1996).

Beyond these power-driven inequalities, poverty is aggravated by cultural factors such as discrimination against women, ethnic minorities, and disabled people. Illness and disability can prove fatal in developing countries and strongly felt in developed countries. Not all rich countries have adequate supports to enable disabled people to work or to provide them with acceptable pensions (Barnes, 1996). The continuing feminization of poverty is a grave concern for women the world over (Razavi, 1999). In all cases, power inequality is at the heart of poverty. Gender inequality, discrimination against disabled people, economic bondage; they all reflect the distinct domination of powerful or culturally privileged people over weaker but not indefensible people. In the next section we explore actions to combat poverty at national, regional, and community levels.

ACTION

There are few rights more fundamental than the right of people to create caring, sustainable communities and to control their own resources, economies, and means of livelihood. These rights in turn depend on their right to choose what cultural values they will embrace, what values their children will be taught, and with whom they will trade. A globalized economy denies these rights by transferring the power to make the relevant choices to global corporations and financial institutions. Economic globalization is in the corporate interest. It is not in the human interest (Korten, 1995, p. 307).

There is mounting and persuasive evidence concerning the devastating effects of globalization on the already poor and on the rapidly becoming poor (Aristide, 2000; Dobbin, 1998; Korten, 1995). Any action must now take into account that global forces are at play everywhere. Corporations are searching for new markets all over the globe. Their impact in dismantling local economies is felt throughout the world. We should therefore heed Korten's challenge of reclaiming the basic right to make decisions. This means opposing the global trend toward corporate rule. In this section I examine how we might resist global impoverishment; offering avenues for action at the international, national, and community levels.

According to projections of the World Trade Organization, the number of people living on less than \$1 per day will grow from 1199 millions in 1998 to 1242 millions in 2008 (Nordstrom, Ben David, & Winters, 1999). Using a cut off point of \$2 per day, the number of poor people in 2008 would be 2722 million. Although the WTO claims that its policies of trade liberalization and rapid economic growth will, in the long term, help the poor, many others contend that current practices exacerbate the plight of the poor living below and above the \$ 1 per day cut off point (Dobbin, 1998; Korten, 1995). They all agree, however, that most gains are to be made by rich countries. To achieve more equitable trade regulations some authors suggest drastic changes to the policies of the WTO, the IMF, and the World Bank. Korten (1995) recommends the replacement of the last two with UN based agencies, whereas many activist groups oppose WTO's policies of Trade Related Intellectual Property Rights (TRIPS) and liberalization of trade in basic social services such as health, education and energy (Ransom, 2001). TRIPS promote monopolies by transnational corporations, prevent access to vital medicines, and limit the ability of poor countries to develop their own biotechnology (Ransom, 2001). There are global movements challenging corporate imperialism. Most of these activist groups maintain electronic communication and distribute information on the Internet. The September 2001 issue of the magazine *The New Internationalist*, dedicated to global resistance, contains a useful list of linkages (p. 28).

At the national level, economists and community developers debate the merit of rapid economic growth as a means of overcoming poverty. Sen (1999b) makes the point that "the impact of economic growth depends much on how the *fruits* of economic growth are used" (p. 44, italics in original). He further observes that the positive connection between life expectancy and growth of GNP per head works primarily through investments in health care and poverty removal. In other words, growth per se does not necessarily translate into human development, unless it is properly invested in health, education, social security, social services, and employment programs. Indeed, during the crisis of 1997 the failure of some Asian countries to invest the gains of growth in

human development resulted in devastation for millions of people (Sen, 1999a). But there is another route to human development and poverty alleviation that is not linked to rapid or elevated economic growth. "In contrast with the growth-mediated mechanism, the support-led process does not operate through fast economic growth, but works through a program of skillful social support of health care, education, and other relevant social arrangements" (Sen, 1999b, p. 46). The success of this approach is evidenced in countries such as Costa Rica and Sri Lanka and in the State of Kerala in India. These places achieved rapid reductions in mortality rates and marked improvement in living conditions without much economic growth. With a GNP per capita of less than \$ 700 per year in 1994, Kerala and Sri Lanka had life expectancy at birth of 73 years. In contrast, with a GNP per capita of \$ 4000, Gabon had a life expectancy of only 54 years. Brazil, with a GNP of nearly \$ 3000, had a life expectancy of 63 years in 1994. Sen concludes from these figures that it is not only growth that will bring prosperity but rather a wise distribution of available resources across the entire population.

The celebrated case of Kerala deserves attention because it reflects vastly different trends than the rest of India and because it demonstrates the power of social policies in poverty alleviation. Parayil (2000), Franke and Chasin (2000), and Kannan (2000) document the success of Kerala in achieving human development rates that are comparable to developed nations. As a percentage of total adult population, Kerala has literacy rates of 94 percent, compared to 65 percent in the rest of India and 96 percent in the United States. Life expectancy for females is 72 in Kerala and 80 in the United States. This is very interesting in light of the fact that Kerala's GNP per capita is \$ 324 and the United States' is \$ 28,740. Infant mortality per 1000 in Kerala is 13, compared to 80 in low income countries, and 65 in the rest of India (Franke & Chasin, 2000). The question is how did Kerala achieve these positive indices of human development. Through a series of land reform and redistribution of resources, as well as highly participatory social programs, Kerala managed to invest in social programs dedicated to economic equality and to the improvement of health and education. In the village of Nadur, for instance, the abolition of rice land tenancy contributed dramatically to reductions in inequality. Similarly, the abolition of house compound tenancy had equal positive effects. School and nursery lunches throughout the state improved caloric intake of children in the poorest households by 5 percent. Provisions made available through ration shops also decreased hunger. Agricultural labor pension helped a great percentage of the population. "The ration shop, school lunches and agricultural labour pensions benefited female-supported households more than male-supported households. They thus contributed to reductions in one aspect of gender inequality" (Franke & Chasin, 2000, p. 23).

Franke and Chasin (2000) conclude that "Kerala's quality-of-life achievements result from redistribution. But why has redistribution occurred in Kerala?" (p. 24). According to the authors, the answer lies in the century long history of popular movements in the State. "These movements have gone through many stages, from caste improvement associations to trade unions and peasant associations to Communist parties to the Kerala People's Science Movement" (Franke & Chasin, 2000, p. 24). These social movements have forced the government to listen to the concerns of the poor and have lobbied successfully for the introduction of poverty alleviation measures. The importance of regional, national and global movements to reduce poverty is emphasized by poor people themselves throughout the world. Narayan, Chambers and colleagues (2000) conclude that "coalitions representing poor people's organizations are needed to ensure

that the voices of the poor are heard and reflected in decision making at the local, national and global levels" (p. 265).

Joining strategic social movements is perhaps the most powerful step that citizens can take to eradicate poverty. In some cases these will be global movements, in others they may be regional or community-based coalitions. In North America community-building efforts have proven useful in bringing people together to fight poverty. Snow (1995) claims that "community-building can enable the underprivileged to create power through collective action" (p. 185), while McNeely (1999) reports that "community building strategies can make a significant difference. There is now evidence of many cases where the residents of poor communities have dramatically changed their circumstances by organizing to assume responsibility for their own destiny" (p. 742). McNeely lists community participation, strategic planning, focused and local interventions as central to success. Similar initiatives have taken place in Europe to address the multifaceted problems faced by residents in large public housing estates. Community organizing helped many poor neighbourhoods throughout the UK to demand and receive improved social services such as health, policing, and welfare (Power, 1996).

These interventions work at the personal, relational, and collective levels at the same time. By participating in social action groups, citizens feel empowered while they develop bonds of solidarity. The feelings of empowerment and connection contribute to personal and relational wellness; whereas the tangible outcomes in the form of enhanced services and quality of life contribute to collective wellness. Examples of community organizing for health services in developing countries abound (Feuerstein, 1997; Macfarlane, Racelis, & Muli-Musiime, 2000); just as there are multiple cases of resident associations that procure better living conditions in developed countries (McNeely, 1999; Power, 1996; Snow, 1995). The literature on empowerment, community development, and social movements supports the tripartite benefits of participating in social action: enhanced personal, relational, and collective wellness (Faulks, 1999; Nelson, Lord, & Ochocka, 2001; Zimmerman, 2000). The literature on social cohesion and social capital, in turn, supports the claim that higher levels of social participation result in better outcomes for human development (Franke & Chasin, 2000; Putnam, 2000; Sen, 1999b). This is a point made time and again by advocates of higher participation of the poor in programs for the poor (Feuerstein, 1997; Macfarlane, Racelis, & Muli-Musiime, 2000; Narayan, Chambers, et al., 2000).

The ever-present dilemma in community building initiatives is that they work to ameliorate the living conditions of residents without transforming the root causes of the problems (Prilleltensky & Nelson, 1997). Needless to say the roots of poverty are larger than what any one movement can tackle. However, this should not detract activists from devising global strategies that will target the roots and not only the manifestations of poverty. On one hand we need to avoid "paralysis by analysis" in the light of multiple and ominous barriers. On the other hand, we need to remember that community building may be empowering at the personal and local levels, but it may not address the larger causes of endemic poverty, such as globalization, lack of investment in health and education, and corrupt governments. The wisdom in "think globally act locally" cannot be dismissed. People empower themselves working on local issues while staying tuned to global dynamics.

Nobody can deny that the improvements felt by residents in poor urban estates as a result of community building are meaningful. Tangible outcomes in the form of reduced crime and improved health care do enhance quality of life (McNeely, 1999; Power, 1996). Our challenge, however, is to blend the pursuit for short term solutions with the pressing need for long term justice. For it is only when justice prevails that fundamental resources can be distributed fairly, regardless of economic growth. In the absence of justice, the fruits of economic growth and increased riches will continue to go to elites and will only widen the already galactic gap between wealthy and destitute.

Narayan and colleagues summarized the agenda for change proposed by poor people all over the world. In essence,

Poor people call for access to opportunities, decent wages, strong organizations of their own and a better and more active state. They call for systemic change. They want more government, not less - government on which they have influence and with which they can partner in different ways. They look to government to provide services fundamental to their wellbeing. Poor people's problems cut across sectoral divides. They challenge us to think and plan beyond narrow disciplinary boundaries while still remaining responsive to local realities. (Narayan, Chambers, et al., 2000, p. 266)

These are the expectations of poor people themselves. Based on the study of poor people's realities in 47 countries, Narayan and colleagues identified seven themes that require synergistic attention.

- From material poverty to adequate assets and livelihoods;
- From isolation and poor infrastructure to access and services;
- From illness and incapability to health, information and education;
- From unequal and troubled gender relations to equity and harmony;
- From fear and lack of protection to peace and security;
- From exclusion and impotence to inclusion, organization and empowerment, and
- From corruption and abuse to honesty and fair treatment.

These themes embody the psychological and political nature of the struggle of the poor. Furthermore, they attend to the synergistic relationship among personal, relational, and collective domains of wellness. In all recommendations, the power to access resources and just treatment is vital. Along with the empowerment of poor people there must be a parallel process of depowerment of rich people (Huygens, 1997).

CONCLUSION

The presence or absence of wellness-promoting factors at the collective, relational, and personal levels can have, respectively, positive or negative synergistic effects. When collective factors such as social justice and access to valued resources combine with a sense of community and personal empowerment, chances are that psychological and political wellness will ensue. When, on the other hand, injustice and exploitation blend with lack of resources, social fragmentation, illiteracy, and ill-health, suffering is the outcome. Poor people experience the negative synergy

of suffering-inducing factors such as these. But whereas poor people may be deprived of material resources, they are not deprived of agency. Even in the light of forbidding forces, they have organized in community groups, coalitions, clinics, and food cooperatives to repel poverty-induced hunger, illness and powerlessness. Inspiring settings combine solidarity with strategy, psychological support with political wisdom, and personal with collective empowerment. Bonding and bridging among and with those who struggle in poverty strengthens the resolve to tackle political and economic exploitation collectively. When amelioration at the local level is paralleled by transformation at the global level, there is hope that poverty may be alleviated, not only here and now, but also tomorrow and wherever there is injustice.

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Table 1: Synoptic framework for understanding, resisting, and overcoming poverty

Wellness	Experiences	Consequences	Sources	Change
domains and values for progress	voices of suffering of poor people	outcomes of health and social science studies	roots of poverty and suffering	action needed to promote wellness
Collective	Material deprivation and bare subsistence	Lack of shelter, malnutrition, vulnerability to illness and disability	Economic exploitation and international pressures for structural adjustment	Invest in human development and health
Social Justice	Exploitation	Lack of trust in, and destruction of, vital community structures	Globalization and power differentials	Resist dominant theory that economic growth is main solution to poverty
Institutions that support emancipation and human development	Insecurity, chaos and violence	Threat to income, safety, education, and growth opportunities	Corrupt structures of public protection and inadequate safety nets, primarily in times of crises	Join networks of support that focus on personal, relational, and collective domains
Peace				Strive for democracy and freedoms

Protection of environment	<i>Satisfaction in collective action to help community</i>	<i>Join others in struggle against poverty</i>		
Relational	Exclusion based on class, age, gender, education, race and ability	Lack of support, competition across social groups, isolation, fragmentation	Dehumanizing	Power equalization in personal, relational, and collective domains
Social cohesion, diversity			Objectification of "other"	
	<i>Solidarity and compassion for others who suffer</i>	<i>Acts of solidarity with other oppressed and poor groups</i>		Prevent exclusion through education
Democratic participation			Competition for scarce resources	
Personal	Multiple restrictions in life	Loss of life opportunities and lack of control	Insufficient material resources, poor nutrition, and continued exposure to risk	Join social action groups that work to fight poverty and enhance personal empowerment and solidarity at the same time
Self-determination, mastery and control				
	Physical weakness	Illness, disability and death	Power inequalities	
Health				Education to disentangle personal suffering from personal blame
	Shame	Lack of dignity	Learned helplessness, repeated failure to change living conditions	
Personal growth				
	Powerlessness	Lack of actual and perceived control. Hopelessness		
Meaning and spirituality				
	<i>Strength and resilience</i>	<i>Resilience and solidarity</i>		