



SOCIAL WORK PRACTICE AND THE NARRATIVE OF POVERTY

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Abstract

This article explores the root causes of poverty, its influences on the individual and the role of the clinician. Poverty is an issue that is experienced on a daily basis by all walks of life and extends across the globe. Using a variety of theories and explanations, poverty is broken down into various components in order to present the multidimensional facets of impoverishment and explore the role of spirituality as it pertains to social work. It is imperative for clinicians to view poverty as a factor that can influence a client's wellbeing and daily functioning. In order to provide efficient care, clinicians must understand the language of poverty.

The Narrative of Poverty: Implications for Clinicians and Clients

Poverty in the United States is a concept that is spoken of on almost a daily basis given the recent shudder of the economy. It is a force that is often felt, like eloquent words of a stirring composition. However, the tears reserved for this arrangement are caused by hunger, pain, and desperation. Syntax created in its own right. However, the words often collapse on deaf ears. In 2012, 15% or 46.5 million people in the U.S. were living in impoverished conditions and approximately 20% of the nation's children live below the federal poverty line (United States Census Bureau, n.d.; Yoshikawa, Aber, & Beardslee, 2012). These approximations are likely to be larger and may under represent the following populations: immigrants, the institutionalized, the imprisoned, those who do not report census data, and the homeless. Although it is well known what the results of poverty are, the explanations for why one might live in such conditions are more difficult to define. A simple economic view of poverty can easily explain the fundamentals of why such conditions exist, but neglect and overlook the holistic influences on each individual's life. Poverty has no simple answer and its complexities extend worldwide.

Poverty afflicts all cultures, ages, races, and genders and occurs in every city across the globe. However, in the United States, a person or family is considered to be living in poverty if their aggregate income is less than their earned threshold (United States Census Bureau, n.d.). This threshold is not based geographically but does match current inflation rates (United States Census Bureau, n.d.). The monetary amount considered is the amount before taxes are deducted and does not include welfare programs such as food stamps (United States Census Bureau, n.d.).

When thresholds are not met, poverty may be attributed to three broad theoretical classifications (Davids, & Gouws, 2013). The first of these is called Structural Explanations which attributes impoverishment to outside forces such as economic fluctuations or social factors

(Davids, & Gouws, 2013). The second is called Individualistic Explanations. Justification of poverty in this explanation puts the blame directly on the poor (Davids, & Gouws, 2013). In this way the impoverished are the ones who “chose” the situation that they are in. Finally, there are explanations that are Fatalistic. This classifies the poor as to being victims of circumstance (illness) or bad luck (Davids, & Gouws, 2013).

Since the “war on poverty” and subsequent programs aimed at alleviating impoverished conditions, little impact has been seen for those who live in the lowest economic populations (Teitz, & Chapple, 1998). In fact, as the gap widens between economic classes the poor are often left worse off (Teitz, & Chapple, 1998). However, in recent years, it has been the goal of academia to ground articulated theoretical postulations with empirical data in order to improve these conditions (Teitz, & Chapple, 1998). Zastrow (2008), suggests that poverty can be perpetuated by the following: increasing rates of unemployment, deplorable physical health, physical disabilities, emotional difficulty, medical bills, drug abuse, alcoholism, large familial units, job displacement, limited skill, low educational obtainment, households consisting of young children that are headed by only a female, increases in cost of living, racial discrimination, being an ex-convict or having a history of mental illness, residing in a geographic location where jobs are infrequent, divorce, abandonment, or the passing of a significant other, gambling, budgeting difficulty, negligence of resources, sex discrimination, low-paying wages, etc. The outlined list is not exhaustive; however, many of the root causes of poverty will be explored.

Culture & Diverse Populations

With the growth of diverse populations and the limitations in economic growth, many face financial hardships and meager remunerations for their work. A majority of those reported as living below the federal poverty guidelines are minorities who also earn 60% less than non-

Hispanic Whites (Gradín, 2012; Denavas-Walt, Proctor, & Smith, 2013). The 2012 racial classifications for poverty are: 12.7% (30.8 million) of Caucasians, 9.7% (18.9 million) of Non-Hispanic Whites, 27.2%, (10.9 million) of Blacks, 11.7% (1.9 million) of Asians, and 25.6% (13.6 million people) of Hispanics (Denavas-Walt, et al., 2013). Although these numbers are staggering, the poverty rates are relatively undisturbed compared to the 2011 reported statistics (Denavas-Walt, et al., 2013).

Culture, as defined by Merriam Webster is “the beliefs, customs, arts, etc., of a particular society, group, place, or time” (Culture, n.d.). However, the definition of culture can be expansive and is highly debated in academia (Jahoda, 2012). In fact, Jahoda (2012) concludes that several of the definitions used for culture are logically and functionally incompatible to a point where no general definition can be universally applied. For our purposes, the definition itself will be left ambiguous much like the one provided by Merriam Webster (Culture, n.d.).

In order to better understand the unique relationship culture plays in people’s lives researchers have explored several explanations for poverty. In this way scholarly investigation examines how people cope with impoverishment. It is well understood that the lack of material wealth can play an important role in a person’s life and the research in this area is expansive. However, the real question here is how people cope with material hardship or the deprivation of their needs. The strategies identified include: exchanging goods as currency, using social connections to attain cheap goods and services, assistance from state agencies, requesting help from private entities such as religious organizations, and relocating where employment opportunities are plentiful (Small, et al., 2010). However, the coping mechanism a person chooses is largely attributed to cultural influences (Small, et al., 2010). How one’s culture

dictates acceptable ways of seeking assistance is largely influenced by how they cope while living in deplorable conditions and how they attempt to escape poverty (Small, et al., 2010).

Empirical work rather than assumption and opinion provide an answer to these relatively sensitive questions. In studying culture as it relates to poverty it is important to demystify the commonly held beliefs that society holds onto regarding the causes of destitution (Small, et al., 2010). By creating a more comprehensive understanding of the circumstances that create and sustain poverty we gain the insight to analyze data empirically, maintaining superior detail and accurateness of how people in poverty organize and elucidate their current circumstances, choices, and decisions (Small, et al., 2010).

Gender

Since the Civil Rights Movements, racial and gender discrimination have led to concern about unequal pay and unequal opportunities in the workforce. This discrimination in employment can prevent populations of people from attaining their full potential. Although this is only one explanation for poverty, the United States has passed legislation to prevent such occurrences, yet they still persist. In fact, in 2011, approximately 16.3% of women in the U.S. were living below the poverty threshold (Mykyta & Renwick, 2013). When considering the significance of gender as it relates to poverty it is important to note that women are 20% more likely to be living in impoverished conditions than their male counterparts (Mykyta & Renwick, 2013). Women make up 56% of the total population that is considered to be poor (Mykyta & Renwick, 2013). They head 19.5% of all families in the U.S. - 50% of families in poverty are headed by a woman (Mykyta & Renwick, 2013). The implication of this data suggests that women have a higher risk of becoming poor because of the increase of heading single parent families (Mykyta & Renwick, 2013).

Males in the U.S. account for 13.6% of the population living below the federal poverty line while their female counterparts account for 16.3% (DeNavas-Walt, Proctor, & Smith, 2013). It is important to note that there is a dearth of research as it relates to single fathers with children living in poverty. However, it is well known that many fathers who have obtained a high school diploma or lower, have earnings that are less than \$20,000 a year (Smeeding, Garfinkel, & Mincy, 2011). “At least four major forces help to shape social and economic outcomes for young men who are fathers and for their partners and children: employment and earnings prospects; multiple-partner fertility; incarceration; and public policy, especially as it is reflected in the income support system and child support system” (Smeeding, et al., 2011). By the age of 30 approximately 68% to 75% of these young men with limited education, skills, and employment history are fathers (Smeeding, et al., 2011). At the time of their first child, only 52% of all fathers under the age of 25 were married (Smeeding, et al., 2011). This rate increases to 65% when males in the U.S. reach the age of 30 (Smeeding, et al., 2011). Berger and Langton (2011) suggest that young and disadvantaged fathers with limited incomes are less likely to be involved with their children because they have fewer resources to invest, may cohabit or are a nonresident of the family home, and are less likely to be married to their spouse (Berger & Langton, 2011).

Impacts on Families and Children

Homelessness in families emerged nationally as public health problem in the 1980's (Grant, Gracy, Goldsmith, Shapiro, & Redlener, 2013). In America, 1.6 million children, or 1 in 45, are homeless which is largely attributable to a lack of financial stability (Bassuk, Murphy, Coupe, Kenny, & Beach, 2011). “Another 20% of children are ‘near poor,’ living in households with incomes between 100% and 200% of the federal poverty line” (Yoshikawa, Aber, & Beardslee, 2012). Poverty can also leave a lasting impact on children and adolescents across a

variety of domains. For example, increased periods of poverty during a child's development can have influences on their cognitive and academic functioning, obesity, poorer dental health, heart disease, emotional and physical wellbeing, and increased risk of dropping out of school. (Hanson, Hair, Shen, Shi, Gilmore, Wolfe, Plak, 2013; Kaminski, Perou, Visser, Smith, Danielson, Scott, & Howard, 2013; Leung & Shek, 2010). These influences can leave lasting and harmful effects on a person's wellbeing extending into adulthood depending on the timing of impoverishment (Duncan, Kalil, & Zoil-Guest, 2012).

Longitudinal data presented by Yoshikawa, et al. (2012), suggests that people from lower SES families possessed greater lifetime rates of depression when paired with parental impoverishment, housing instability, and family disruption. This correlated with a depression onset by the age of 14 (Yoshikawa, et al., 2012). Furthermore, additional research indicates long-term relationships between low SES and an adult's overall functioning and depression (Yoshikawa, et al., 2012). Economic hardship creates stress in the family system which can result in marital strain, ineffective parenting, and an increase in the likelihood that a child or parent may experience physical or mental illness (Yoshikawa, et al., 2012).

Public Policy

Almost 50 years after the Johnson administration declared a "War on Poverty" in the 1960's, little has changed and ultimately we are still battling this phenomenon to date. In fact, during Johnson's 1964 State of the Union Address he declared "Our aim is not only to relieve the symptoms of poverty, but to cure it and, above all, to prevent it" (Matthews, 2014). Although many of the programs Johnson implemented (e.g. Food stamps, Medicaid, Medicare) have aided in various aspects of poverty, the issue itself still remains to be one of the most debated topics within politics to date.

Public policy in the United States largely dictates who receives help and who does not. This aspect of our government and society not only influences welfare programs but dictates poverty thresholds, time limits of eligibility, parent training programs, grants for education, minimum wages, anti-discrimination policy, opportunities for work such as specialized training, and sanctions/work requirements for welfare programs (Huston, 2011). In fact most public policies that are used in the U.S. are based on a concept called social selection and are designed to change an individual's skill sets or behaviors (Huston, 2011). That is, "individuals succeed or fail to climb the economic ladder largely because of individual characteristics, including ability, skills, motivation, and mental and physical health" (Huston, 2011). Conversely, there is a second category called social causation that is used to classify people in the realm of public policy. Social causation implies that social and economic entities provide both barriers and opportunities that ultimately lead to impoverishment or affluence (Huston, 2011). For example, increasing funding to safety net programs could be largely beneficial to families living in poverty and reduce the impact that such living conditions could have on a child's development. The other side of this of course is that funding could be cut to a program and the consequences could be devastating. Welfare programs remain the primary assistance that families and individuals in need rely on which makes this topic particularly important.

Community Segregation and Growth

The poor are often segregated from affluent areas, often resulting in large regions of crime, minimum wage employment, and meager living conditions. This separation can cause a spatial mismatch in the amount of available jobs, especially if the labor market is decentralized (Teitz, & Chapple, 1998). In order to find employment a person living in such an area most

likely would have to travel to a developing area or one of affluence. Most likely this will require a means of transportation which can be costly or sparse in rural areas.

In some communities the migration of affluence or individuals that are considered middle class, leaves a void where wealth once lifted a neighborhood out of poverty. When successful individuals leave a neighborhood it allows for more people in poverty to take up their residences and drives down wages and employment opportunities due to limited human capital (Teitz, & Chapple, 1998). Impoverished areas also tend to lack endogenous growth (Teitz, & Chapple, 1998). This lack of growth in a community results in limitations to entrepreneurship (Teitz, & Chapple, 1998). A limited labor market makes gaining any significant amount of capital almost impossible to attain (Teitz, & Chapple, 1998).

Social Justice & Social Work Practice

The concept of social justice plays an integral role in helping clients who are living in poverty. Social justice is “defined as an ideal condition in which all members of a society have the same basic rights, protections, opportunities, obligations, and social benefits (Van Soest 1995, Lee & Barrett, 2007, p. 4 -5). The National Association of Social Workers (NASW) Code of Ethics includes attention to social justice as a responsibility of all social workers (NASW 1999, Lee & Barrett 2007 p. 2). The concern for people living in poverty in the labor of social workers is apparent throughout their *Code of Ethics*. For example, the preamble states: “The primary mission of the social work profession is to enhance human wellbeing and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty” (NASW, 2008).

Disability/illness & Mental Health

In order to provide effective diagnosis and treatment, clinicians should adhere to *DSM-5* criteria as it relates to their clientele. In order to be effective in recognizing mental illness in others clinicians must be familiar with conditions that can influence a client's functioning. These conditions may be listed in order to explain why the client is seeking services or to be used to clarify a need for treatments, tests, or procedures (APA, 2013). In the *DSM-5* this is referred to in a section titled Economic Problems. Under this heading a clinician may choose one of the following to describe a client in such a manner: "V60.2 (Z59.4) Lack of Adequate Food or Safe Drinking Water, V60.2 (Z59.5) Extreme Poverty, V60.2 (Z59.6) Low Income, V60.2 (Z59.7) Insufficient Social Insurance or Welfare Support, and V60.9 (Z59.9) Unspecified Housing or Economic Problem" (APA, 2013).

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mental illness among adolescent-parent pairs. The study found that adolescents that reported "standard food insecurity" were more likely to have suffered from mood, anxiety, behavior, and substance disorders within the past year; moreover, a one standard deviation increase in food insecurity resulted in a 14% increase in the likelihood that the adolescence experienced symptoms of mental illness in the past year. The strongest relationship reported was for food insecurity and mental illness in adolescents from low-income families and high levels of deprivation (McLaughlin et al., 2012).

Individuals and families living in poverty are at a higher risk for mental illness than individuals and families who have more stable finances (Danziger, Frank, & Meara, 2009; Lund et al., 2011; Warren, 2009). Several factors relating to poverty - such as increased and chronic stress, persistent malnutrition, and increased risk of violence and trauma - potentially explain how living in poverty can trigger the development of a psychological disorder (Lund et al., 2011). The causal relationship between poverty and mental illness is currently uncertain; however, two hypotheses attempt to explain this relationship.

The Social Causation Hypothesis

The postulation that the "symptoms" of living in poverty (social exclusion, lack of satisfactory living conditions, etc.) contribute to the high rate of mental illness among impoverished families is known as the social causation hypothesis (Lund et al., 2011; Warren, 2009). A longitudinal study conducted by Wadsworth and Achenbach (2005) tested the validity of the social causation hypothesis; the study took place over 9 years and utilized a representative sample of 1,075 participants aged between 8 and 17 years at the start of data collection. At 4 different times throughout the study, parents of participants were given behavior rating scales to

screen for anxiety, depression, aggression, and other characteristics typical of individuals suffering from a mental illness. An analysis of the data reported statistically significant increases in clinical elevations for depression/anxiety, thought problems, somatic complaints, and delinquent and aggressive behavior in participants from the lowest socio-economic status (SES). In addition, the researchers found that participants with a low SES were especially disadvantaged compared to those with a middle or high SES because the participants living in poverty experienced increases in undesirable symptoms and, because of lack of access to services, were unable to receive the help needed to improve, thus perpetuating the cycle of poverty and mental illness (Wadsworth & Achenbach, 2005).

The Social Selection Hypothesis

The social selection hypothesis argues that the lifestyle effects of living with a mental disorder (increased expenses, inability to maintain a job, etc.) increases the risk for an individual or family to enter poverty. This hypothesis is sometimes referred to as the social drift hypothesis because it asserts that aspects of mental disorders cause a "drift" below the poverty line (Lund et al., 2009; Warren, 2011). Goldberg and Morrison (1963) tracked the socio-economic and occupational history of males admitted to a mental hospital for schizophrenia over time. The changes in SES and occupation for the participants were compared to that of their male relatives without a mental disorder to establish whether or not the changes were the result of a situation among the family or complications from schizophrenia. The results reported that participants experienced a negative change in SES over time and a decline in the prestige and skill level of occupation. The most support for the social drift hypothesis, according to Goldberg and Morrison (1963) comes from the schizophrenia patients who began with a middle or high SES and were able to gain admittance into selective schools only to eventually gain employment in a

position much lower in salary and skill level than the patient's initial abilities suggested. The diagnosis of schizophrenia, for these patients, resulted in a "drift" into a lower overall status, which further complicated the patient's ability to receive services for the illness (Goldberg & Morrison, 1963).

Interventions

The debate over the causal relationship between poverty and mental illness is important because determines whether or not interventions should focus on alleviating poverty (social causation) or treating mental illness (social selection). Lund et al. (2011) conducted data and literature reviews to investigate the effectiveness of both approaches to intervention and found that the usefulness of each approach was dependent upon the type of mental illness and the method used to address the financial struggles.

In 1997, Mexico implemented a program, now known as Oportunidades, that focused on the alleviation of extreme poverty using incentives and conditional cash transfers. The program initially benefitted 300,000 families by helping them adopt lifestyle changes that were associated with independence from welfare (Levy, 2007). As incentive to participate in the program, the food purchases of the families were subsidized and certain patterns of behavior were rewarded with cash transfers. Behavioral and cognitive measurements were taken throughout the duration of the program, and long-term participation in the program lead to positive outcomes in both areas, though the behavioral benefits were more immediately noticeable (Levy, 2007; Lund et al., 2011). In this instance, using financial incentives to promote beneficial lifestyle changes led to positive improvements in behavior and cognition over time, showing support for the benefits of poverty alleviation interventions.

Xiong et al. (1994) conducted a study involving family-based interventions for patients hospitalized for schizophrenia. The patients and their families attended session that provided information on managing medication, maintaining employment, reacting to a crisis, and other aspects of having or caring for someone with schizophrenia. Follow-up appointments were scheduled 6, 12, and 18 months into the intervention process and data collected from the follow-up appointments showed that length of time committed to the family-based intervention impacted the level of improvement the patients and their families experienced. Patients and families who completed the family-based intervention reported an increase in positive outcomes the longer the family remained in the program. Patients and their families reported fewer hospitalizations, longer durations of employment, and diminished feelings of family burden as a result of the intervention (Lund et al., 2011; Xiong et al., 1994).

It is clear that a correlation between mental health and SES exists for those living in poverty (Danziger, Frank, & Meara, 2009; Lund et al., 2011; Wadsworth & Achenbach, 2005; Warren, 2009). Relevant research supports interventions based on both the social causation hypothesis and the social selection hypothesis, suggesting that the true solution to the negative cycle of poverty and mental illness requires the use of aspects from both approaches to intervention (Lund, 2009). Unemployment rates for people with serious mental disorders are reported to be 39% and 68% at the national and international level, respectively, (Luciano, Nicholson, & Meara, 2014) which leads to a large population of people who require services yet do not have access to them (Saxena, Thornicroft, Knapp, & Whiteford, 2007). In order to improve conditions and the quality of life for this part of the population, both poverty and mental illness need to be addressed.

Learned Helplessness and Failure to Aspire

While far from being able to account in full for the perpetual nature of generational poverty, learned helplessness is suspected to play a role in financial immobility. Learned helplessness is the proposed explanation for the results of Overmier & Seligman's (1967) study in which dogs that were placed in conditions in which they could not avoid an electric shock soon stopped responding to the shock in efforts to escape, even when escape became a possibility. This failure to respond in an effort to escape, or learned helplessness, "might well result from receiving aversive stimuli in a situation in which all instrumental responses or attempts to respond occur in the presence of the aversive stimuli and are of no avail in eliminating or reducing the severity of the trauma" (Overmier & Seligman, 1967). In such situations as those that promote learned helplessness, the general idea is as follows:

[The] expectation of no control leads to motivational deficits (lowered response initiation and lowered persistence), cognitive deficits (inability to perceive existing opportunities to control outcomes), and, in humans, emotional deficits (sadness and lowered self-esteem). These deficits are collectively known as learned helplessness deficits. (Nolen-Hoeksema, Girgus, & Seligman, 1986)

Abramson, Seligman, and Teasdale (1978) proposed a reformulation of the theory first introduced by Maier and Seligman in 1976; in this reformulation, it is suggested that an individual's attributional style may account for differences in the level of vulnerability to learned helplessness (Abramson et. al., 1978). Therefore, individual differences in vulnerability to learned helplessness may depend on how a person habitually explains the cause of bad events as being stable vs. unstable, having global vs. specific influences, or being internal vs. external to an individual (Abramson et. al. 1978).

Hiroto and Seligman (1975) devised four experiments to measure learned helplessness in humans. Each of the experiments involved an instrumental or cognitive pretreatment phase followed by either an instrumental or cognitive test for helplessness (Hiroto & Seligman, 1975). The results from this study were indicative of a learned helplessness in humans similar to that of Overmier and Seligman's (1967) research using dogs as subjects. The results also demonstrate how learned helplessness may manifest within cognitive tasks; learned helplessness is not simply a behavioral response (Hiroto & Seligman, 1975).

Poverty may be perpetuated either culturally or structurally. Both of these explanations may produce a psychology of learned helplessness among the poor (Rabow et. al., 1983). Motivational, cognitive, and emotional deficits may emerge when one has learned that outcomes are not in one's control. Ray (2003) compares the notion of fatalism, or "a deep belief that one's own destiny is pre-ordained and beyond control", to what he calls aspirations failure. The difference is that true fatalism is unaffected by socioeconomic policy, while aspirations failure is a variant of fatalism that may be so affected (Ray, 2003).

The idea of an "aspirations window", as developed by Ray (2003), suggests that individuals attend to their "cognitive world", or "zone of 'similar', [...] individuals" and model their aspirations around the "lives, achievements, or ideals" of others in this "zone". There are many restrictions on what is included in a person's aspirations window; these restrictions may be rooted in biology, rely on access to information and what is observable, and dependent on statistics and context, as is the case for "similarity" which relies on social mobility – where there are no perceived unbridgeable gaps, comparisons may be more readily made (Ray, 2003). Ray (2003) also describes an aspirations gap, which essentially is "the difference between the standard of living that's aspired to and the standard of living that one already has". The

livelihood that one strives to attain and the desired future outcome of current behaviors are all a part of mobility in impoverished individuals. For example, education is a costly investment that may yield future rewards in a person's standard of living. Should one make such an investment, the aspirations gap would attenuate and the desired future standard of living should be that much more attainable. However, as mentioned, such investments are costly and require sacrifices, and "individuals whose aspirations are closely aligned to their current standards of living have little incentive to raise those standards" (Ray, 2003). In short, it is poverty and a lack of others "who are both better off than the person in question, yet not so much better off that their economic well-being is thought to be unattainable" that, in combination, are responsible for a failure to aspire (Ray, 2003).

Empowerment

Clinicians want to empower their clients to lead better and more fulfilling lives. However, to understand how to empower the poor, it is crucial to understand the three relevant dimensions of disempowerment that poverty may spawn: (1) social, or the "lack of access to the resources essential for the self-production" of the livelihood of those in impoverished; (2) political, or the "lack of a clear political agenda and voice"; (3) psychological, or the "internalized sense of worthlessness and passive submission to authority" (Friedmann, 2001). Empowering the poor does not begin with social work, but in livelihood resources critical to providing stability, options and mobility. Such resources may include the need for income, and the need for cooperative social relations that contribute to survival, such as income-sharing and remittances, informal exchanges of support, and collective action and moral support (Friedmann, 2001).

There is a widely held belief that consumption takes place within the household, while production takes place external to the household; this not a complete picture. John Friedmann (2001), in discussing his model for empowerment, argues that the household should be considered “a centre for the production of livelihood”. Friedmann (2001) discusses 8 bases of social power, or resources for producing livelihood: (1) a safe and secure place, which includes the domestic space as well as well as the community/community equipment; (2) surplus time over and above the time needed for the daily production of livelihood; (3) social networks; (4) civil associations; (5) knowledge and skills, which emphasizes the “*useful* knowledge and skills available to the household economy”; (6) relevant information; (7) instruments of production, which includes good physical health; (8) financial resources.

Empowerment may be realized through interrelationships. The *Code of Ethics* notes that it is an ethical responsibility for social workers to strengthen relationships so as to “promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities”, with particular attention paid to groups that are vulnerable such as those living in poverty (NASW, 2008). Narayan (2002) lists four key elements that lead to empowerment, all of which require state reform and “removal of formal and informal institutional barriers that prevent them from taking action to improve their wellbeing”. The four elements of empowerment include the following: (1) access to information – this allows for individuals to “take advantage of opportunity, access services, exercise their rights, and hold state and nonstate actors accountable”; (2) inclusion/participation – this gives poor people “authority and control over decisions and resources developed to the lowest appropriate level”; (3) accountability – this extends through all domains and demands that all people are answerable for their actions and policies which affect the well-being of others; (4) local organizational

capacity – this is “the ability of people to work together, organize themselves, and mobilize resources to solve problems of common interest” (Narayan, 2002).

If helplessness may be learned, so, too, might be hopefulness. Zimmerman (1990) predicted that psychological empowerment may be realized through participation in community organizations. Zimmerman (1990) conducted a study in which individuals completed a questionnaire that examined three variables: (1) Participation – this is a measure of which voluntary organizations each individual attended and how often they attended; (2) Psychological Empowerment – this is a measure of cognitive (internal political efficacy), personality (internal locus of control), and motivational (desire for control) domains of perceived control; (3) Alienation – this is a measure of powerlessness, normlessness, and social isolation. As stated, learned helplessness may be learned from experiencing a lack of control. The causal attribution of this lack of control may guide a person’s expectations and behavior in the future. If an individual expects that an event will be uncontrollable, they may become disempowered. Zimmerman (1990) found that psychological empowerment may result from participation in community organizations – organizations that encourage decision-making, assumption of responsibility, interaction and mutual help, and participation that builds skills in problem-solving, resource-identification, and the ability to identify factors that may influence decisions may lead to psychological empowerment.

Spirituality

Along with the injustices suffered from living in poverty there may be further discrimination suffered as a result of the persons’ faith. A client’s spiritual beliefs may have an impact on how he or she is treated in the community in which he or she lives. “Persecution tends to be dynamic, changing over time” (Hodge, 2007, p. 144).

The National Association of Social Workers (NASW) Code of Ethics includes the need for social workers to be attentive to diversity. Attention to diversity includes looking at a client's spirituality and the role it plays in his or her internal dialogue about personal empowerment or helplessness. "Addressing the spiritual is, consistent with social work's holistic approach which recognizes the significant impact of a myriad of issuesin shaping individual experience." (Sermabeikian, 1994 p. 524). The Council on Social Work Education in the *Educational Policy and Accreditation Standards* stresses the importance of addressing client spirituality in social work education (2001).

A commonly used definition of spirituality was created by David Hodge who says that "spiritually refers to one's real and irreducible inner, sacred experience that invites increased consciousness and responsibility for oneself and others" (2005, Lee & Barrett (2007 p. 3). One's spiritual beliefs can be a source of persecution or a source of personal strength. In fact, there are studies that show that there are positive results from prayer as a healing resource when a client is suffering from severe and chronic illnesses (Peterson, Bolling, & Koenig 2002). Those who utilize religious coping most frequently are vulnerable and oppressed populations (Lee & Barrett, 2007). There are findings from Perkins (1992) that "support the importance of faith and spirituality as a motivating factor to strengthen commitment to social justice, or at least on a persons' social justice orientation" (Lee & Barrett, 2007 p. 6).

There are many faith-based organizations that promote community empowerment and social justice. An example of these groups is the historic Black church (Lee & Barrett, 2007). "The US Civil Rights Movement was initiated by the Southern Christian Leadership Conference and African American church leaders" (Lee & Barrett, 2007 p. 6). Liberation theology had roots in Latin America and is "an interpretation of Christian faith through the poor's suffering, their

struggle and hope, and a criticize of society and Christianity through the eyes of the poor” (Boff & Boff, 1987, Lee & Barrett 2007, p. 6). Moreover many faith-based organizations such as the Cathedral of Hope in Texas are actively involved in the community by creating social programs to educate activism and combat social injustice (Johnston & Jenkins, 2004, Lee & Barrett, 2007 p. 6). Overall, knowledge regarding the connections between social justice and spirituality could enhance the integrity of development in the social work profession (Lee & Barrett, 2007, p. 17).

In 1996 the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) led to an increase in the faith community’s provision of social services (Williamson, 2009, p. 77). The faith community has always provided both emotional and physical support for those in poverty. Moreover, professional beliefs in the current postmodern period have given rise to a new appreciation of the intuitive mind and a holistic perspective that support for spirituality and spiritual values (Foley, 200). There is now an appreciation of the power of healing through personal beliefs (Benson & Stark, 1996). “Spiritually sensitive social workers will acknowledge the spiritual beliefs of their clients and recognize that these beliefs are a source of empowerment that can enable them to go beyond any psychosocial barrier to experiencing fulfillment in life”(Foley, 2001 p. 368).

Conclusion

Clinicians want to empower their clients to lead better and more fulfilling lives. However, the definition of empowerment itself is hard to define without discussing an individual’s locus of control. Empowerment, in the broadest sense of the word, is defined as a freedom of choice, one in which a person chooses the actions to transform their life (Narayan, 2002). The inference made here is that people have some form of control over their own resources and life decisions. Although it is true that the poor maintain some level of freedom,

they are still disenfranchised in government and in the markets that they shop (Narayan, 2002). However, it is our role as professionals to give a voice to those who are voiceless and to change the definition of empowerment.

In order to empower clients, clinicians should be directly involved in the relief of their poverty (Mantle & Backwith, 2010). This involvement will facilitate an environment in which practitioners can maintain a close working relationship with the local community and ensure a focus on empowerment and prevention with each client (Mantle & Backwith, 2010).

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