Global Poverty Special Editorial

his special feature issue of the NZJP **I** focuses on *poverty reduction and* psychology. It is part of a global focus in Psychology journals this year as a result of an expressed desire by influential members of the psychology community worldwide to give greater focus to the important contribution psychology can and does make to poverty reduction. New Zealand's Professor Stuart Carr was one of them. The idea internationally was to accelerate input from an entire field by psychology journals throughout the world coordinating their efforts by either producing a special section of papers, or an entire issue of the journal, on the theme of poverty reduction in 2010.

The peer-reviewed journals participating in the initiative are:

- Psychology and Developing Societies
- The Journal of Psychology in Africa
- The Interamerican Journal of Psychology
- Journal of Pacific Rim Psychology
- International Journal of Psychology
- Applied Psychology: An International Review
- American Psychologist
- Journal of Managerial Psychology
- Journal of Health Psychology
- New Zealand Journal of Psychology
- The Australian Psychologist

I was invited during 2009 to be guest editor, probably as a result of my joint leadership of the New Zealand Poverty Measurement Project which has provided the evidence base for a number of prominent income and housing policies designed to reduce poverty in Aotearoa, New Zealand, and adopted by Government. I have learned during this editorial task to revere the costly contribution editors of academic journals pay in terms of time, anxiety and sheer sweat for our benefit. I had to drum up papers, solicit reviewers, orchestrate timings around all of our day jobs, balance assessing comments and ask at times for some tough changes to papers. I have carried out this task once, but our journal editors, NZJP included, carry it out regularly over years. Give them a medal, I say!

The case for our discipline to apply its substantial intellectual and service capacities to the reduction of poverty is a 'no brainer'. Studies on health status and inequalities, for example, consistently demonstrate a distinct relationship between inequalities in society and physical and mental ill health in both longitudinal and cross sectional studies throughout the world. To put it in the vernacular poorer people die earlier and consistently have the poorest health and the highest hospitalisation rates. Furthermore, when there is an overall improvement in a country's population health status, health inequalities do not usually decrease. The evidence is overwhelming.

Seminal reports, like the British Acheson Independent inquiry into inequalities in health (1998) and in the same year in this country The Social, Cultural and Economic Determinants of Health in New Zealand: Action to improve health (1998), highlighted the vast amount of evidence on the negative outcomes on health of social, economic and cultural inequalities. Kawachi and Kennedy's The Health of Nations (2002), Mackenbach's Health inequalities: Europe in profile (2006) are later studies that drew the same conclusion. More recently Wilkinson and Pickett's The Spirit Level: Why more equal societies almost always do better (2009), Marmot's Fair Society, Healthy Lives: The Marmot Review (2010) and the National Equality Panel's Report An anatomy of economic inequality in the UK all testify (2010) all testify to and

document the health consequences of social and economic deprivation.

This special feature issue of the Journal contains six diverse psychological papers that address various issues around the topic of poverty reduction and psychology. A further paper is being worked on which will appear in a later issue. Four of the six papers view poverty at different stages of the life cycles. The impacts of poverty on childhood (Emma Davies, Kirsten Hanna and Charles Crothers), midlife (Charles Waldegrave and Michael Cameron) and older people (firstly Christine Stephens, Fiona Alpass, and Andy Towers and secondly Mary Breheny and Christine Stephens) are highlighted in research projects of the authors or literature summaries and analyses. A further paper entitled Can poverty drive you mad? (John Read) considers the relationship between schizophrenia and poverty, while another addresses the responses of viewers to aid advertisements and stereotypes of poverty (Sharyn Kennedy and Stephen Hill).

The subject of poverty raises important ethical and values issues for psychologists. We have not been slow in recent years to address the ethical implications of our work. Take for example, the weight given to ethical approval applications in research proposals and the requirement for professional organisations to have codes of ethics compared with previous decades. There are also clear obligations on psychologists to enter into appropriate professional relationships with clients that demonstrate integrity.

It may now be time to consider other power relationships in society and the role of psychologists regarding them. Do psychologists, for example, contribute to the reduction of suffering and injustice in society? Is this a value in the profession? By contrast, we know historically that the presumption of neutrality has on occasions made psychologists complicit with mental health cruelty (mental health services) and corporate control (police and correctional systems) despite the fact that in other instances, in those same services and systems, psychologists have contributed a great deal.

Poverty and deprivation were conditions modern OECD welfare states aimed to eliminate, but in the main have only managed to reduce them. While welfare states have been successful for many, for those at the lower end of our societies where resources are few, life can be very tough indeed. There is an ethical challenge here if the profession has values about its contribution to society. Can we contribute our intellectual and practical weight to reducing poverty? All the subfields of psychology could, if they wanted to, contribute something, including the biological, biopsychosocial, clinical, cognitive, comparative, developmental, educational, industrial, organisational, personality, community and social fields. This is the challenge members of the psychology community worldwide are considering at this time.

As a profession, some of us are very close to the pain in society and we could be a lot more active. Therapists and clinicians, as a professional group for example, are the most informed 'experts' of the collective grounded levels of hurt, sadness and pain in modern countries. Those who live in deep pain are of course the primary 'experts' in the sadness and hurt they and their communities experience, but therapists and clinicians are the professional helpers who continually witness that pain with many individuals and families and across a variety of communities week after week. As such they are able to identify, quantify and describe its severity and its causes. Furthermore they can inform other psychologists in different subfields of the discipline how their work can help, and connect them with communities suffering deprivation. In time psychologists could take responsibility to publish and

publicise the causes and outcomes of people's pain in order that they may be addressed more honestly and effectively in public debate and public policy.

The challenge for psychologists to substantially contribute to the reduction of poverty in our societies has been laid down by peers within our discipline. The challenge is of course enormous. However it has a sound and well researched basis and we have shown in recent years that we are capable of rising to difficult ethical challenges. Every subfield of psychology has a contribution to make and Aotearoa New Zealand will be a safer, diverse, more inclusive and pleasant country if we could succeed even a little. The question we and other psychologists internationally are asking is, 'can we within our profession approach poverty reduction as a major structural challenge, as we have other challenges and can we set ourselves achievable goals?'

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