

The Role of Power and Control in Children's Lives: An Ecological Analysis of Pathways toward Wellness, Resilience and Problems

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ABSTRACT

The literature on powerlessness, empowerment and control tends to be adult-centric and psycho-centric. It is adult-centric in that most studies deal with the experience of powerlessness in adults or interpret children's realities from an adult point of view. At the same time, the literature is quite psycho-centric in that it focuses on the emotional and cognitive dimensions of powerlessness, to the relative neglect of social and political power. The purpose of this article is to redress these biases and elucidate the role of power and control in pathways toward health, resilience and problems in children's lives. We define wellness as a satisfactory state of affairs, brought about by the acquisition and development of material and psychological resources, participation and self-determination, competence and self-efficacy. Power and control are defined as opportunities afforded by social, community, and family environments to develop these three dimensions of health and wellness. We highlight basic research which describes pathways toward wellness, resilience, and problems in life, as well as applied research on promising interventions to improve children's health and wellness. This literature is interpreted in terms of our conceptual framework that links power/control and wellness through the three dimensions that we have proposed. Copyright © 2001 John Wiley & Sons, Ltd.

Key words: power; control; wellness; health; children; ecological; resilience; prevention; promotion

INTRODUCTION

The basic premise of this paper is that opportunities to experience power and control in one's life contribute to health and wellness. Evidence indicates that a sense of personal control, empowerment, and self-determination are associated with positive mental health (Prilleltensky, 1994a; Ryan and Deci, 2000). There is, in fact, a sizable body of research

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confirming that actual and perceived control enhance quality of life for problem-free populations as well as for populations suffering from disadvantage and lack of power (Nelson *et al.*, 2001; Spacapan and Thompson, 1991). Conversely, it has been found that individuals and groups experiencing disempowerment are at high risk for developing mental health problems as well as social problems. Minorities attest to numerous stressful life events associated with their diminished social status and condition of oppression (Moane, 1999). Indeed, the literature provides numerous examples of the correlation between control and mental health (Lord and Farlow, 1990; Lord and Hutchison, 1993; Ryan and Deci, 2000; Spacapan and Thompson, 1991; Zimmerman and Rappaport, 1988). What the literature does not cover in detail, however, are the multiple and ecological sources of power/control, and how they interact to create pathways toward wellness or ill-health in children. These shortcomings derive from adult-centric and psycho-centric biases. The adult-centric bias refers to the proclivity in the literature to explore experiences of powerlessness and lack of control in adults (O'Neill, 1994). The psycho-centric bias, in turn, refers to the tendency to concentrate on the cognitive and emotional sources and consequences of powerlessness, to the relative neglect of the social, material, and political roots and effects of lack of control (Wiley and Rappaport, 2000). We plan to redress these imbalances by looking at issues of power, control and wellness in the lives of children.

In our view, it is quite remarkable that there is little explicit literature dealing with the dire effects of powerlessness on children's lives. The literature points mostly to experiences associated with lack of control, such as chaotic family and community environments and maltreatment (Cicchetti *et al.*, 2000a; Wyman *et al.*, 2000), but there is little explicit reference to lack of control. Perhaps authors take it for granted that children have no control whatsoever in their lives. By virtue of their dependency on adults, authors may surmise that exploring control or lack thereof in children's lives is a moot point. We disagree with that view. Unless we focus explicitly on children's experiences of powerlessness and lack of control we will not understand or change this negative phenomenon. By exploring how children's lives are affected by lack of control we hope to counteract the adult-centric bias.

When the effects of powerlessness are directly or indirectly discussed by authors, there is typically a distinctive psycho-centric bias. The effects of powerlessness are framed in terms of reduced coping, self-esteem and self-efficacy, depression, anxiety and the like (cf. Compas *et al.*, 1991). The psycho-centric position directs efforts to study emotional states and perceptions, not structures of power; to regain self-esteem, not political power (cf. Skinner, 1990; Skinner *et al.*, 1998). This is not altogether surprising, given that 'developmental psychology, like most of psychology, tends to either ignore the sociopolitical realities that contextualise human development, or assume that competent individuals can overcome these realities' (Wiley and Rappaport, 2000, pp. 62–63).

We need to redress these biases by examining issues of power, control and well-being in children, and by exploring the material, social and economic, as well as the psychological sources and effects of powerlessness. Consequently, the focus of this paper is on the role of power and control in children's lives, and how the ability to experience control is multiply determined by influences at different levels of analysis. Our analysis will show various ecological sources of power and control, and how they interact in mechanisms that are conducive to either positive or negative health outcomes.

Hitherto, most accounts of the role of power and control in health and wellness have concentrated on single variables or single levels of analysis, thereby rendering a limited portrayal of factors and dynamics involved in the association between control and mental health. We have developed a model of wellness that accounts for diverse sources of power

and control (hence counter psycho-centric), and that can be applied to the lives of children (hence counter adult-centric) (Prilleltensky *et al.*, 2001). We strive to create in this paper an ecologically sensitive and dynamic theory of the role of control in child wellness. Based on our model linking power/control with wellness, we have three specific objectives for the paper: (a) to articulate the main dimensions of power/control and wellness, (b) to describe pathways linking power/control with wellness, resilience, and problems in life, and (c) to suggest empowering interventions for promoting wellness and resilience and for preventing problems.

DEFINING POWER/CONTROL AND WELLNESS

Power and control

In the context of wellness, we define power and control as having the opportunity to (a) access valued material and psychological resources that satisfy basic human needs, (b) exercise participation and self-determination, and (c) experience competence and self-efficacy which instill a sense of stability and predictability in life. Power and control entail *having the opportunity* to experience positive circumstances because power and control do not derive exclusively from either internal or external sources, but from both. The convergence of internal capacities and external conditions creates opportunities for control of life's circumstances for children and adults. Although for some individuals mastering the environment is easier than for others, power and control are not just abilities people are born with; these are capacities that are developed in constant interaction with the social environment. By the same token, we object to definitions that reduce power and control to favourable external circumstances, because it is conceivable that individuals may not take advantage of positive conditions. As a result, we deem it appropriate to regard power and control as *opportunities* that are born through a successful fit between the person and the environment (Hertzman, 1999; Power and Hertzman, 1999; Rutter, 1987).

A final caveat concerning our definition is in order. Power and control are on a continuum. Too little of these qualities will result in unfulfilled needs, whereas too much control afforded any one person may lead to corruption and abuse of power. The risks associated with excessive power and control become clear when we invoke the concept of empowerment. Too much power in the hands of a few people may result in *overpowerment*, whereas too little of it is likely to result in *disempowerment*. *Empowerment* is the aim toward which we strive, a state of affairs in which people have enough power to satisfy their needs and work in concert with others to advance collective goals. Unrestrained use of power by any one individual can most certainly interfere with the self-determination of others and their ability to participate in decisions affecting their well-being.

Our tripartite definition of power and control draws support from recent literature on positive psychology and self-determination theory (Ryan and Deci, 2000; Seligman and Csikszentmihalyi, 2000). Power and control are attained when opportunities are available for the satisfaction of basic human needs. Human needs are fulfilled when we have access to material and psychological resources. Material resources for the child include proper nutrition, a toxic-free environment, adequate space, comfortable temperature and stimulating toys. For the parents, material resources include adequate housing, economic security, and affordable high quality child care (Jensen, 1998). Psychological resources for the child include secure attachment, empathy, and problem solving abilities. For parents, psychological resources include effective communication and affective marital/partnership

bonds (Prilleltensky *et al.*, 2001). Access to material *and* psychological resources are pre-requisites for the experience of power and control, which is, in turn, necessary for the promotion of wellness. Our explicit emphasis on material resources mitigates the psycho-centric approach observable in the literature (Wiley and Rappaport, 2000).

Participation and self-determination refer to the opportunity to experience meaningful decision-making power in matters affecting well-being. Both from a philosophical and psychological point of view, personal decision-making and voice and choice define our sense of agency and contribute to wellness. Self-determination is a defining primary good in life (Prilleltensky, 1994a). Moreover, research has found that it is through opportunities to participate and contribute meaningfully to the community that perceptions of control and self-efficacy are enhanced (Lord and Hutchison, 1993; Zimmerman and Rappaport, 1988).

Competence and self-efficacy are additional components of power and control that enable a child to master the environment (Zimmerman, 1995). The psychological satisfaction derived from learning new skills, manipulating objects, and overcoming barriers has been documented by developmental psychologists (Garmezy, 1994). Self-efficacy and personal control serve as protective factors in the face of adversity. Furthermore, they can precipitate, as Rutter (1987) observed, positive chain reactions. Talents in one area of life may generate social acceptance and admiration, which, in turn, may open doors for exciting opportunities such as leadership roles (Wyman *et al.*, 2000).

Opportunities for accessing material resources occur, primarily, in macro- and meso-spheres. The macro-sphere of societal structures determines, to great extent, the possibility of economic security and decent housing. Meso-level structures such as schools, places of employment, hospitals and social services can be variably accessed and used, thereby producing differential outcomes on control and well-being.

Chances to express one's voice and make meaningful choices in life usually occur in meso- and micro-spheres of life such as recreational facilities, political parties, schools, jobs, and primarily within an individual's interpersonal relations, especially within the family. It is in these arenas that self-determination and participation get enacted.

Competence and self-efficacy, in turn, are catalysed primarily at the individual level. Psychological variables predictive of a sense of control include mastery, beliefs in personal abilities, a high self-esteem and prior instances of successful problem-solving (Spacapan and Thompson, 1991). The three components of power and control, then, originate from diverse and interacting domains of life, ranging from the macro realm of societal structures of welfare that meet material needs, to meso level organizations where voice and choice are practised, to the micro arena of families and individuals where children learn skills and develop self-efficacy. We discuss later the reciprocal determinism among these domains and their dynamic influence on personal power and control.

Wellness

Cowen (1991, 1994, 1996), a leading theorist of wellness, defined the wellness construct as:

... the positive end of a hypothetical adjustment continuum—an ideal we should strive continually to approach... Key pathways to wellness, for all of us, start with the crucial needs to form wholesome attachments and acquire age-appropriate competencies in early childhood. Those steps, vital in their own right, also lay down a base for the good, or not so good, outcomes that follow. Other cornerstones of a wellness approach include engineering settings and environments that facilitate adaptation, fostering autonomy, support and empowerment, and promoting skills needed to cope effectively with stress. (Cowen, 1996, p. 246)

While Cowen asserted that wellness derives from multiple sources, internal and external to the child, including opportunities for empowerment, his definition is psycho-centric in its focus on the individual and family levels of analysis. A broader view of wellness has been proposed in a Canadian federal report *Mental Health for Canadians: Striking a Balance* (Epp, 1988). According to the Epp report, health not only involves individual well-being, but equality and social justice as well. Like Wiley and Rappaport (2000), we believe that health and wellness cannot be explained or promoted in the absence of a power analysis.

We define wellness as a satisfactory state of affairs, brought about by the acquisition of material and psychological resources, participation and self-determination, and competence and self-efficacy. While power/control and wellness are inter-related, we distinguish between these two concepts as follows. Power and control involve the opportunity to acquire resources, experience participation and self-determination, and develop competence and self-efficacy, while wellness involves the acquisition or development of these characteristics (see Table 1). Moreover, the relationship between power/control and wellness is mediated by different ecological contexts or social systems: society, community, and family. In Table 1, we outline some of the empowering qualities of social systems that are likely to impact on wellness. Thus, we are arguing that the three dimensions of power and control are the basic environmental conditions for the promotion of health and wellness outcomes.

Also in Table 1, we have identified some potential indicators of the three dimensions of wellness. Like Cowen (1996), we believe that wellness does involve competence and self-efficacy. Children and youth can develop their skills and sense of control in family, school, and community settings, when those settings provide opportunities for healthy development. As they mature into youth and young adulthood, they may also expand their competencies through participation in social and civic affairs (Pancer and Pratt, 1999). Competencies and self-efficacy develop through participation in different settings, especially when children and youth have a voice and can influence those settings. While many settings provide children and youth with opportunities for participation, few encourage child and youth self-determination. Settings in which this power/control dynamic is transformed and more equal relationships between adults and young people are embraced have considerable potential for eliciting more active participation in which the voices of children and youth are amplified.

Consistent with the view of the Epp report (1988) that health includes social justice, we assert that an important component of the wellness of children and youth is the acquisition of material and psychological resources. An adequate family income, meaningful work and education, and affordable and desirable housing are basic components of wellness. Social policies that ensure families have such resources are very important for health promotion as the socioeconomic gradients with health problems have demonstrated:

Differences in equity of income distribution is one of the principal determinants of differing health status among wealthy societies. Countries with highly unequal income distributions have poorer health status than those with more equitable income distributions . . . This pattern suggests that health status (as a measure of human well-being) may be embedded in collective factors in society, not just in individual factors . . . These findings led us to the conclusion that the underlying factors that determine health and well-being must be deeply embedded in social circumstances. (Keating and Hertzman, 1999a, pp. 6–7)

The extent to which governments and states provide the population with these resources depends, in great measure, on the values they hold and the class interests they represent. Wellness cannot be conceived out of context, a context in which 'nations suffer long term

Table 1. A model of the relationship between power/control dimensions and health/wellness indicators mediated by different ecological contexts

Key power control dimensions	Qualities of ecological contexts that promote power and control	Indicators of health/wellness in multiple ecological contexts
Access to valued resources	Society—social policies that reduce economic inequality and unemployment, provide affordable housing, and promote educational participation from birth through adulthood	Adequate family income, meaningful employment, affordable and desirable housing, participation and completion of education
	Community—strong community infrastructures, including social services, high quality schools, recreational facilities, and neighbourhood associations	Social, educational, recreational, and neighbourhood settings are readily available and accessible to children, youth, and families
	Family—affective bonds, quality time, communication, conflict resolution	Families are loving and supportive
Opportunities for participation and self-determination	Society—government and non-government organizations provide children and youth with a voice and choices in social and civic affairs	Children and youth have a voice and participate in social and civic affairs
	Community—schools and community settings provide children, youth, and families with choices and opportunities for meaningful participation	Children, youth, and families participate in and have influence on the school and community settings in which they are involved
	Family—parents encourage children to play an active role in family and personal decision-making	Children and youth have a voice in family and personal decision-making
Opportunities for the development of competence and self-efficacy	Society—government and non-government organizations provide settings and training opportunities for the development of child and youth competence and self-efficacy	Children and youth develop competence and self-efficacy in relation to social and civic affairs
	Community—schools and community settings provide children and youth with opportunities for the development of competence and self-efficacy	Children and youth develop competence and self-efficacy in school and community settings
	Family—families provide guidance for children and youth to develop competence and self-efficacy	Children and youth develop competence and self-efficacy in family relationships

damage from “elite politics” that promote a government of corporations, by corporations, for corporations’ (Pusey, 2001, p. 10). These governments serve corporate interests that are often diametrically opposed to the needs of the poor in general and poor children in particular. As Pusey claimed, ‘most Anglophone nations have experienced a marked upward redistribution of incomes that generally reduces subjective well being, creates damaging

social conflicts, endangers social cohesion and effective governance, and negatively impacts on the health of populations' (p. 10). Societies with corporatist mentalities and individualistic philosophies of self-care invest much less in public resources than cultures with more collectivist values (Griffin Cohen, 1997; Hertzman, 1999). This became evident in our research on child and family wellness, through which we realized that European countries such as Sweden and Holland have more generous family policies than Canada and the US. Several European countries provide flexible and extended parental leave packages, universal child benefits, accessible child care, and adequate unemployment insurance, resulting in enhanced levels of child and family wellness (Peters *et al.*, 2001).

Social policies also support community infrastructures for social, recreational, neighbourhood, and educational services. The extent to which such services are readily available and accessible to children, youth, and families is related to community participation and inclusion. Finally, psychological resources, such as warmth, love, and nurturance from one's family, are also critical for the healthy development of children. When families are supported by their communities and society, they will be more able to provide the type of healthy climate that is so important for the development of children.

The next section explores the interactions among social, community, family and personality factors in the development of pathways toward wellness, resilience and problems in life.

PATHWAYS TOWARD WELLNESS, RESILIENCE AND PROBLEMS IN LIFE

The purpose of this section is to show how different levels of analysis and various components of control, as expressed in the section earlier, interact to evolve into pathways toward wellness, resilience, or problems in life. For each individual child there is a unique combination of resources, values, policies, and programmes variably deriving from internal, familial, communal, and social spheres. Health depends not only on the presence or absence of empowering factors at different levels, but also on the relative potency of the factors present at each level. It is possible that certain children would lack access to resources, but internal and family variables would compensate for this dearth of resources, thereby contributing to the phenomenon known as resilience (Haggerty *et al.*, 1994).

Families may experience in different ways a potentially similar constellation of factors. This may be due to strong personality characteristics within the child or parents. Hence, we regard our formulation of pathways toward wellness or illness as suggestive and not as deterministic. On the one hand, research has shown that people can overcome the adversity associated with lack of resources (Garmezy, 1994), and on the other hand, that people with more resources do not necessarily exhibit higher degrees of happiness or mental health (Ryan and Deci, 2000). With these caveats in mind we proceed to articulate pathways with different outcomes for wellness.

Pathways to wellness

We defined power and control as having opportunities to satisfy basic human needs, to experience participation and self-determination, and to develop competence and self-efficacy. Opportunities to experience power and control are increased by the presence of wellness-enhancing factors such as material and psychological resources, values,

policies and programmes. These factors, in turn, derive from sources within the person, the family, the community and the society at large.

When most wellness-enhancing factors are favourable across most levels of analysis, pathways to wellness are likely to evolve. Favourable contexts created by the presence of adequate resources, values, policies and programmes are likely to result in wellness for children and their families. Although a state of complete wellness cannot be perpetually guaranteed, as life stressors such as death, illness and transitions descend upon all families, we posit that families and children who have benefited from positive contexts would be able to cope with stressors quite well (Cicchetti *et al.*, 2000b; Keating and Hertzman, 1999b).

Children whose maturation process is characterized by economic security, formal and informal supports, recreation opportunities, affective bonds, access to health care, high quality child care, cognitive stimulation, and caring and compassion develop stress-resistant traits (Haggerty *et al.*, 1994). This is because their reservoir of positive experiences is rich enough to withstand adverse circumstances.

A central problem for the promotion of health and wellness of children is that resources are unequally distributed among social classes and nations, with deleterious consequences for the disadvantaged (Keating and Hertzman, 1999a,b). Depending on age, ethnicity, and gender, children are differentially mal-affected by the mal-distribution of resources. El-Mouelhy (1992), for example, has documented the subjugation of young girls in many developing countries. Practices such as preferences for sons, malnutrition, female circumcision and the sale of minors for prostitution condemn young women to untold suffering. The mal-distribution of resources across nations is further complicated by sexism, ageism and ableism (Prilleltensky, 1994b).

Pathways to resilience

Pathways to resilience occur when not all conditions leading to wellness are favourable, but some of them compensate for others. Restricted opportunities to experience power and control have a negative effect on wellness. However, the presence of key elements across the various spheres of life can limit the adverse effects of untoward circumstances. The research on resilience indicates that compensatory mechanisms within the child and/or the environment can compensate for the absence of positive factors and can buffer the presence of negative factors. Attributes such as high levels of intelligence and ability to elicit empathy are associated with resilient outcomes, or the capacity to overcome adversity. Family cohesion is also predictive of resilience in the face of adversity, as are external supports and the availability of mentors (Rolf *et al.*, 1990; Rutter, 1988; Werner and Smith, 1982).

The contextual nature of wellness is clearly illustrated in the case of resilience. Whereas authoritative approaches are typically preferred, in unsafe communities a more controlling, authoritarian parental approach accounts for better outcomes for children and youth. This is because of the protective effect of keeping a close eye on the whereabouts of children in places where there is criminal activity (Radke-Yarrow and Sherman, 1990).

It is likely that psychological resources and supportive relationships within the family perform essential functions in the service of resilience. The research shows that the external variables associated with resilience are those that nurture the self-esteem and self-efficacy of the child, usually in the form of contact with supportive adults outside the home (Werner and Smith, 1982). The implication of this conjecture is that intervention plans

cannot afford to neglect the child and family levels, for no amount of material resources can, by themselves, support the emotional needs of children. At the same time, we would be remiss if we neglected the social and community levels, for supports at those levels help families cope better with adversity as well (Schorr, 1997). From a comparative point of view, it may be that adversity can be overcome with exclusive attention to the micro levels, but not with exclusive attention to the macro levels. This theoretical postulate should not lead psychologists to concentrate only on the micro levels or psychological spheres, for this has been our traditional mistake. The implication is that interventions should be comprehensive, and that macro interventions should be accompanied by intensive efforts to restore the sense of power and control at the personal level.

Another way of formulating implications for actions toward resilience is to state that clinical and community interventions are inseparable, and that for far too long these fields have operated in relative isolation. We expand later on the need to construct interventions that are comprehensive and holistic and that draw on the strengths of communities to support individuals. The objective of policies and programmes is not to create better equipped but impersonal environments. On the contrary, the objective is to create communities where resources facilitate personal power and control.

Power and control are, in our view, key instruments in the promotion of resilience. The four protective mechanisms leading to resilience elucidated by Rutter (1987) have in common the fact that they increase power and control. An obvious parallel exists in Rutter's first two mechanisms, self-efficacy and a sense of mastery and control. In the case of alteration of exposure to risk, power and control are enhanced by increasing the predictability of unknown events and stressors. Such is the case when children are taken on hospital tours prior to surgery. The third mechanism suggested by Rutter is the prevention of negative chain reactions. This is done to minimize further assaults on the sense of control, and on the predictability and stability of the environment. In the case of parental death, it is crucial to avoid further disruption in the lives of children, by providing them with secure and stable environments. The final protective mechanism formulated by Rutter is opening up of opportunities, which coincides well with our defining features of opportunities to develop skills and exercise self-determination and participation. This analysis reinforces the view that power and control, as defined in this essay, are essential in the promotion of resilience.

Pathways to problems

When conditions across most spheres of life do not support adequate resources, values, policies and programmes, and when there are few or no compensatory mechanisms available, we can predict problems for children with relative certainty. According to research reviewed by Wyman *et al.* (2000), behaviour is organized and directed to satisfy the needs for relatedness, competence, and autonomy. Satisfaction of these needs contributes to a sense of personal control. The authors rightly argue that:

The social context can either support or impede the satisfaction of each of these needs. Conditions that impede satisfaction of these needs include neglect, chaos, and coercion. Neglect impedes satisfaction of the need for relatedness, through insufficient positive involvement from important social partners, including a lack of positive affective attention, time, and interest. Chaos impedes satisfaction of the need for competence, through a lack of structure and information about how to reach desired outcomes. Coercion impedes satisfaction of the need for autonomy and involves minimal choice, respect, and freedom of expression for the child. (Wyman *et al.*, 2000, pp. 139–140)

We fully agree that disorganized environments where children are neglected and parents are affected by alcohol or drug abuse are predictive of serious problems (Emery and Laumann-Billings, 1998), but we wish to resist the psycho-centric proclivity to locate the source of children's problems in parents' psyches. Although it is seductive to blame parents for neglect, parents themselves have often experienced abuse which may have resulted in emotional damage, and they have been subjected to deteriorating social conditions due to economic trends that disempower the weak and the vulnerable (Pusey, in press). This is not to remove responsibility from parents—for an abusive past does not justify nor render inevitable present or future abuses—but to take into account the generational and social nature of the phenomenon of abuse.

Pathways to problems are much more frequent in forsaken communities where despair prevails. Desperate parents often respond to unbearable stress in forms of child neglect. Seriously damaged parents do not facilitate the enactment of protective mechanisms, whereas social services in neglected communities are often far from ideal. Nowhere else is the need for interventions at the macro level more urgent than in zones of social decay and family disorganization. 'Maltreating parents and maltreated children are highly likely to feel a compromised sense of control in their lives' (Cicchetti *et al.*, 2000a, p. 408). We cannot detach the sense of control experienced within the family from the lack of control experienced in society due to insecure jobs, uncertain housing conditions, and increased violence (Pusey, 2001).

INTERVENTIONS TO PROMOTE WELLNESS AND RESILIENCE AND TO PREVENT PROBLEMS: POLICIES AND PROGRAMMES

Interventions to promote wellness and resilience and prevent problems in children have seldom been formulated in terms of the language or concepts of power and control (Wiley and Rappaport, 2000). Moreover, many interventions to promote child wellness are very individualistic in nature and tend to ignore the vast inequalities in power and control that place children at risk for a wide range of developmental, educational, and health problems. Briefly, these interventions tend to be adult-centric and psycho-centric. These biases are embedded in liberal policies that 'pit children against one another so that their hunger, their ignorance, their abuse, and the hopelessness of their lives is either to be regarded as their own bad luck or as the ordinary outcome of their parents' failures' (O'Neill, 1994, p. 36). Our challenge is to identify good examples of policies and programmes which do address the three facets of power and control that we have identified: (a) access to valued resources, (b) participation and self-determination, and (c) competence and self-efficacy.

Access to valued resources

As we argued earlier, interventions to promote access to material and psychological resources occur primarily at the macro and meso ecological levels. At the macro level, social policy interventions have addressed the need for adequate material and psychological resources. Family benefit policies are those which address family and child poverty through income transfer mechanisms, including cash benefit and tax concessions, and child support payments from non-custodial parents (Peters *et al.*, 2001). According to

Peters *et al.* (2001), data from the mid-1980s suggest that France, the Netherlands, Sweden, and West Germany successfully reduced family poverty rates to under 10% through cash benefit and tax concessions, while rates of family poverty remained higher in the US (18%) and Canada (14%) after tax and transfers. Peters *et al.* highlight that the US and Canada emphasize a model of individual and personal responsibility in their family policies, while European countries tend to emphasize a model of societal or collective responsibility. The data are clear in showing that social policies can be used as an instrument to reduce poverty, which is a major risk factor for child problems.

Two other types of family policy, maternity and parental leave policy and child care policy, address the issue of children's access to psychological resources. As we noted earlier in this paper, healthy child development has its foundations in secure attachments to adult caregivers in the early years. Ensuring adequate leaves for parents when children are born and providing adequate and accessible child care promotes access to psychological resources. In their review, Peters *et al.* (2001) show that Western continental European countries have better policies in these areas than the US, Canada, the UK, and Australia. For example, in France there is universal child care beginning at age three through the *Ecoles maternelles*.

Programme interventions have also been used to address the economic needs of low-income families. In two projects, low-income women were hired and trained to provide child care and infant stimulation. Controlled follow-up evaluations of these projects have suggested positive developmental outcomes for the children whose mothers participated in these programmes relative to mothers in control conditions (Andrews *et al.*, 1982; Field *et al.*, 1980).

With regard to promoting access to psychological resources, there is a growing literature on the impacts of home visitation programmes which typically begin during the prenatal period (Gomby *et al.*, 1999; Olds and Kitzman, 1993). A central goal of these projects is to establish secure attachments between parents, especially mothers, and their infants. While the results vary from study to study, overall controlled follow-up evaluations examined in a meta-analytic study (MacLeod and Nelson, 2000) have suggested positive impacts of such programmes on the life course of mothers, on parent-child relationships, and on child maltreatment.

Participation and self-determination

While the vast majority of family intervention programmes are conceived, controlled, and implemented by professional 'experts', there is a growing recognition of the importance of working from an empowerment and strengths orientation (Cicchetti *et al.*, 2000a; Dunst and Trivette, 1989; Wiley and Rappaport, 2000). Moreover, a recent trend in the implementation of prevention programmes is the use of a community development approach in which community residents for whom the programme is intended play a critical role in shaping the nature of the programme and participating in its implementation (Nelson *et al.*, 2000). The theme of participation and self-determination is the focus of several different approaches to the promotion of family wellness and the prevention of children's problems.

One model which incorporates this theme is the community development approach, which is compatible with a philosophy of empowerment (Florin and Wandersman, 1990). An example is the Better Beginnings, Better Futures initiative, which is a multi-component, multi-year, universal promotion/prevention programme for families with

young children that has been implemented in seven low-income communities in Ontario, Canada (Peters, 1994). Central to Better Beginnings is the involvement of parents and other community residents in all aspects of programme development and implementation and research and evaluation. Qualitative research on resident participation has documented the beneficial aspects of resident participation on the residents themselves, the programme, and the community (Cameron and Cadell, 1999; Pancer and Cameron, 1994). Similar initiatives in Canada take place in Montreal (Bouchard, 1999) and in a number of aboriginal communities (Pence, 1999).

Another intervention approach which emphasizes participation and self-determination is that of self-help/mutual aid. In self-help/mutual aid organizations, individuals with a common concern or problem in living come together in groups for mutual support. Thus, individuals both receive and provide support, and professional involvement is minimal. In the area of family intervention, Cameron *et al.* (1992) worked with three child welfare organizations to establish Parent Mutual Aid Organizations. Each of the three organizations have a staff facilitator, but the members, who are parents with involvement in child welfare agencies, play a major role in the design and implementation of programme activities. Both a controlled quantitative outcome evaluation (Cameron *et al.*, 1992) and a qualitative evaluation of participation and empowerment of members (Cameron and Cadell, 1999) reported positive impacts on members.

One other approach which emphasizes participation and self-determination in family intervention is empowerment-oriented approaches to family. According to Dunst and Trivette (1989), families direct the support process in empowerment-oriented approaches, whereas in more traditional case management approaches to family support, professionals prescribe the support process. Trivette *et al.* (1996) found that an empowerment-oriented approach was more strongly related to parents' sense of personal control over supports and resources than a more traditional professionally-controlled approach to family support. In a meta-analysis of studies of intensive family preservation programmes for families involved with child welfare agencies, MacLeod and Nelson (2000) found that those programmes which emphasized family strengths, empowerment, and participation were more effective in reducing out-of-home placements than programmes which did not emphasize an empowerment approach.

Taken together, research findings from community development approaches to prevention, self-help/mutual aid organizations, and empowerment-oriented approaches to family support suggest the importance of self-determination and democratic participation of disadvantaged families in the intervention process. Having a voice and being able to participate in helping interventions is one way of enhancing the agency of disadvantaged people.

Competence and self-efficacy

Competency development and the enhancement of self-efficacy have been the focus of some of the previously described interventions, including hiring and training parents as child care workers, home visitation programmes, self-help/mutual aid organizations, and intensive family preservation services. Perceptions of self-efficacy and control are important for better mother-child relations and improved social functioning by mothers and children alike, as demonstrated in a study of home visitation by Olds *et al.* (1986).

In addition to the programmes mentioned above, parent education and training interventions, based on humanistic, social learning, and Adlerian approaches, have been developed to improve parents' knowledge, skill, and self-efficacy regarding child-rearing. In

reviews of outcome studies of such programmes with clinical and non-clinical groups, Todres and Bunston (1993) and Wolfe (1994) found that social learning and Adlerian approaches achieved positive impacts on parenting knowledge and skill and on children's behaviour.

Research findings suggest the value of educational and parenting practices designed to promote active coping and greater sense of control in children and youth. Parenting and teaching techniques that encourage autonomy elicit better performance and adaptation in children in school and social life (Boggiano and Katz, 1991; Compas *et al.*, 1991). Unfortunately, very little has been said and done to empower children themselves to take action on issues affecting their health and wellness. Some initiatives to empower children to take control of some aspects of their life in general and health in particular show positive effects (Igoe, 1991; Lewis and Lewis, 1990; Warren, 1993). We wish we could report more on manifest efforts to promote power and control in children, but the literature is very sparse in this respect.

CONCLUSION

Although we tend to think of power and control as tangible qualities possessed by individual people, in this article we defined them in a dialectical way that accounts for the presence of opportunities to develop power and control. Despite traditions that frame control as an innate personality feature, as in the case of locus of control, we maintain that power and control derive from reciprocal determinism. Person and environment influence each other, as we cannot speak of control without invoking the opportunities for control afforded the person by her or his environment. Health and wellness outcomes are related to the different dimensions of power and control that we have proposed. Both basic research and applied research on the evaluation of social and psychological interventions suggests positive health outcomes for children and youth when empowering life conditions are present.

Also, we have shown that both the sources and the possibilities for increasing health and wellness are co-determined by interacting factors within the family, community, and societal spheres. Opportunities to expand control need to be sought in all these spheres. Power and control are not exclusively psychological or political, they are both. Interventions to increase children's power and control need not be circumscribed to the psychological; we have to emphasize the need for political interventions to enhance children's control. As a marginalized population with little political power, children usually come last in allocation of social resources. We typically psychologize children's problems and ignore the social and political context in which their problems occur (Prilleltensky, 1994b). What would happen if we said that most seniors', women's or minorities' problems are psychological in nature? We have learned that the problems of seniors and women and minorities have a lot to do with power and politics. It is time we apply the same logic to children—only then will we overcome our adult-centrism.

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