

COMMUNITY, EMPOWERMENT, AND RESILIENCE: PATHS TO WELLNESS

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ABSTRACT

In this paper, we explore 3 diverse populations: street kids, political prisoners, and caregivers of people with HIV/AIDS. From these explorations, we consider the concepts of empowerment, resilience, and community-building. By interweaving these 3 key concepts, we develop a cyclical wellness model which can be applied equally to individuals and communities. This model highlights the strengths of individuals and communities and will, we believe, provide a critical element of hope to societies within our increasingly global economy.

INTRODUCTION

“Wellness” is a relatively common, every-day term which has been appropriated by academics—especially in the medical and political arena—to apply to issues of disease prevention and health promotion. Discussions of wellness recently have surfaced in various disciplines, including community psychology, social work, and community development (Dossey, 1991; Singer & Powers, 1993). By reflecting upon a common question (How and why do some individuals survive, and even thrive, in the face of adversity?), by exploring three disparate populations, and by considering wellness as it relates to health-building, we have collaborated to conceive of a wellness model which incorporates the notions of resilience, empowerment, and community.

The model which we propose in this paper focuses on strength—that is, its concern is with building health rather than with fighting sickness (Cowen, 1991). This shift in perspective reflects that which has been evidenced in the last several decades in the fields of psychology and social work—away from a primary reliance upon pathological lenses (deficit model) and towards a promotion of individual and community strengths and agency (Cochran, 1988; Waters & Lawrence, 1993; Barnard, 1994). As Jones and Kilpatrick note, “Treatment focus is shifting from merely diagnosing and remediating pathology to include the promotion of wellness and client empowerment” (1996, p. 259).

Our health-building model advocates a vision of wellness which involves promoting both the human spirit and a healthy community. We believe that these two components are interconnected and causally related. Since individuals make up the community, it logically follows that healthy individuals cultivate healthy communities and, in turn, that healthy communities foster healthy individuals. This process reflects a cyclical and synergic pattern.

This wellness model grew out of our many conversations concerning our experiences in the field. Although the contexts of the individual stories were diverse (a street-youth agency, a group of Chilean political prisoners, and a set of friends affected by AIDS), each explored both individual and collective struggles to build resilience and foster empowerment.

EXAMPLES FROM THE FIELD

In his search for a clearer understanding of what fosters wellness, Cowen noted: "The community and its primary settings are more likely than the consulting room to harbour the information needed to power such a thrust" (1991, pp. 407-408). Because they are the source which informs the rest of our analysis, we begin our discussion with the stories of our field experiences.

Dans La Rue (On The Streets)

Dans La Rue (DLR) is a Montreal-based shelter for street youth between the ages of 12 and 25. It was founded by Father Emmett Johns in 1988 and has grown to incorporate outreach, drop-in, and residential programs. DLR maintains an alternative philosophy concerning street youth. Rather than trying to pull them away from the streets and change them into model citizens, DLR acknowledges the positive elements of street life (eg., protection, friendship, and honour) and provides both time and space for youths to decide what they need. Within the Montreal shelter network, DLR has a reputation among young people as being the most progressive, caring, and popular agency. The shelter maintains flexible rules (i.e., it allows pets into the house), operates with flexible hours (i.e., drop-in hours from 12:00 a.m. to 3:00 a.m.), and promotes a democratic, participatory environment wherein youth are allowed a voice in program development and implementation. DLR is a back-region agency (Goffman, 1961) which has created an environment solely for street youth (parents and police are excluded) and which tolerates, and even supports, street culture. The shelter can be described as a "hybrid space" which fuses the sacred space of the family with the profane space of street life (Ruddick, 1996, p. 192). In this type of space, street youth can feel loved and cared for in a warm, family-like environment which interweaves various aspects of street culture (i.e., music, speech, and dress).

As the Clinical Supervisor at DLR for several years, I [Jeff Karabanow] quickly observed how young people perceived our agency. Many youths said that DLR was their only family, that particular workers were like mothers or fathers to them, and that the shelter was the "only place in which they could be themselves." I realized that, as workers, we had developed a setting which could not only help these young people to meet their basic needs (such as shelter, clothes, food, first aid, and showers) but also could address their spiritual needs, or humanity—which,

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as Stalwick notes, “is what joins us to other people” (1997, p. 118). The comment of one DLR resident, “The thing about [DLR] is that you don’t feel like a street kid, you feel like a human being,” articulated our success in normalizing street youth: they were viewed as active citizens rather than as deviant, problematic, or delinquent. DLR had emerged as a safe venue for a forgotten population. Our shelter had succeeded in becoming a community in which young people could freely express their thoughts, feel a sense of belonging, and have their basic needs met. By offering genuine care, understanding, and respect, the staff at DLR had gained the trust and confidence of a stigmatized, marginalized, and “hard-to-serve” population.

I also began to notice, as time went by, that many of the youth at DLR were becoming more resourceful and stronger in their day-to-day lives. By sharing common experiences (such as parental abuse), many of them were beginning to move away from simply blaming themselves for past experiences. As one young man explained, “I realized that it was not my fault that my father was always touching me.” Sharing experiences and emotions helped many young people to overcome the horrors of their pasts and create stronger, better futures for themselves. Through the DLR community, these young people attempted to reclaim their identities as “normal adolescents” dealing with difficult situations.

At the same time, many youth also were becoming aware of their own strength, power, and voice. In other words, within DLR’s environment, many residents were showing resilient and empowered tendencies. One group of adolescents, for example, decided to petition against the closing of a particular park (where many kids “hung out”) and met the city’s Mayor to discuss their beliefs and opinions. The development of these feelings of resiliency and empowerment within the community was transformative: the atmosphere of the shelter changed so that residents were no longer likely to see themselves as victims, but rather were apt to understand themselves as “objects” acting upon their environment (Freire, 1970). I will never forget, for example, listening to one of our “local” youth lecture a newcomer about the disempowering feelings that come out of prostitution. The “Punk Not Junk” project (Karabanow, 1999), which was initiated by four shelter residents to foster a new and more authentic vision of punk culture while sensitizing young people to the dangers of heroin (or “junk”), further illustrates the changes which occurred in the DLR environment.

Throughout this process of change, the DLR community has become stronger and more developed. A new worker once commented that the shelter possessed an “energy” that was easily perceived by both workers and youth. I take this energy to be representative of community building. Through a loving and caring environment, street youth had the opportunity to develop resiliency and empowerment. Since the shelter community (like all communities) is fluid and ever-changing, it has absorbed the sensibilities of more resilient and empowered individuals and, in turn, has developed a stronger energy. A few months ago, I visited DLR and realized that this energy appeared stronger and more pervasive than ever.

Political Prisoners

This is the story of an evolving community of former political prisoners from Chile who immigrated to Canada after the 1973 military *coup d’état*. I [Miguel

Sanchez] am one of them. I speak through them; they speak through me. Before the *coup d'état*, we felt empowered by participating as individuals in the collective goal of eliminating the sources of injustice in Chile. The *coup* disempowered us by halting the social movement of which we were a part, by physically and psychologically torturing us, and by jailing us (for periods of several months to many years). The torture was designed to break us, to destroy us. Long days, weeks, and, in some cases, months of beatings and electrical shocks almost succeeded in breaking our spirits. However, we bounced back. We became stronger and better able to endure the physical and psychological torture by sharing our pain with the other tortured prisoners. It was through this sharing that our individual resiliency was renewed or strengthened.

During our prison terms, we experienced a strong sense of camaraderie with the other prisoners. Through the collective resolution of our everyday problems, we empowered ourselves and ensured our well-being while in prison. We realized that we would not be able to survive alone and that we needed to create a community as a form of defense. As a group, we strengthened our individual and collective selves by recreating the empowering environment that we had experienced before the *coup*. We transformed the prisons from places where individuals were left to languish to ebullient and empowering settings. Despite the restrictions placed on us by the prison establishment, we painted our respective jail cells and part of the prison building, established work co-ops, studied different subjects, and made up bulletins. We also organized joke-telling competitions, poetry readings, singing events, humorous sketches, and sport competitions. As a group, we struggled to transform this horrid experience into a tolerable and dignified situation.

After our time in prison, we left Chile as exiles. We came to Canada as individuals and again formed a community. Our involvement with other political refugees in solidarity work helped us to adjust to exile. We staged marches, picket lines, and hunger strikes to denounce the atrocities being committed in Chile during the Augusto Pinochet dictatorship. Through the solidarity organizations which we joined, we again created a space where we could regain our professional and political identities—this time, within the safety provided by people who had been in similar circumstances. These communities also provided us with a structure within which we could advocate for the same provision of services to refugees in Canada as were available to immigrants.

Once Pinochet had relinquished the presidency of Chile, the focus of our activities no longer needed to be the political component which initially had brought us together. However, our community was resilient enough to evolve and to respond to the new needs of its membership. We created Spanish schools for our children, and formed soccer clubs, dance groups, and various cultural societies for communities of Chilean refugees across Canada. Within these communities, the political ethos of the former prisoners remains: the intrinsic and inseparable interplay of resilience and empowerment builds sustainable, healthy, evolving individuals and communities.

People Affected by AIDS

I [Susan Cadell] felt a strong sense of community in the reaction to my friend Bill's decision to go to his parents' house to die. I certainly would have been willing to do anything, including primary caregiving, in order to allow Bill to die in his

own beloved home. Unfortunately, neither I nor anyone else was able to convince Bill that it was okay for him to ask that of us.

So, the group of friends who cared very deeply for Bill joined in to ensure continuity between his life as an adult (who was very proud of being gay) and his life as a son who was returning to die in the home of his parents (who were not very proud of his being gay). We made sure that Bill had written a clear will. We made sure that Bill's wishes for his funeral were recorded and communicated to his parents. We took Bill's dictation of his obituary to ensure that it expressed everything he wanted. We telephoned one another to find out how Bill was doing, and to make sure that it was okay to visit. We took care of one another and made sure that Bill was being well cared for.

When Bill died six weeks after moving into his parents' home, his parents betrayed his wishes. Only the obituary was published as requested. The friends who had been asked by Bill to speak at his funeral were told they could not. Some friends were so outraged by Bill's parents' behaviour that they refused even to attend the funeral. In the end, some of us took matters into our own hands and organized our own memorial service: we gathered with food and wine; we told stories of Bill; we laughed, cried, and missed him; we honoured Bill's wishes and did what he wanted for his funeral.

Another of my friends, Greg, had been diagnosed HIV-positive six months prior to Bill's death. Greg and I had many conversations about what happened with Bill, and Greg began to tell me what he wanted for his memorial service. When Greg died ten months after Bill had, I knew exactly what to organize and I felt empowered to do so—not only for Greg but also for Bill. The resulting memorial service was held at the local library, where Greg had been chairman of the board, and over one hundred people attended. The feeling of community that evening was overwhelming. Many people's efforts went into making a memorable evening which allowed all of us to say goodbye to Greg in exactly the way that he had requested.

The community of people who were touched by the lives and deaths of Bill and Greg were not part of any formal network. Some of those who cared about these two men were part of the gay community. Many of these individuals had become resilient as a result of facing the challenges of growing up gay. The gay community itself has shown its resilience and empowerment in the face of the AIDS epidemic by creating numerous services, organizations, and memorials for those infected with and affected by HIV.

As individuals and as a group, the friends of Bill and Greg were strengthened and empowered by our experience of collective caring and grief. In the face of adversity (the betrayal by Bill's parents), we became more resilient. We were empowered to join together to grieve Bill in the way he wanted. Our gathering, in turn, empowered me to organize Greg's service in a way that was important to him. As a result of the gathering at Greg's memorial, the feeling of community among his friends was reinforced.

KEY CONCEPTS

The three case examples described above depict diverse settings, populations, and struggles. The experiences of DLR illustrate one organization's success in

enhancing its members' sense of wellness. The other two stories (those of the Chilean refugees and of the friends of people with HIV/AIDS), on the other hand, depict the emergence of alternative communities which foster resilience and empowerment in the face of social systems which restricted the development of wellness. Despite the diversity of contexts, each story highlights the power associated with community. The staff of DLR created a safe and caring setting where street youth could recover from past experiences, gain support from others in similar situations, and build personal and collective strengths. The group of Chilean political prisoners created community in order to survive the harshness of prison life and, later, to mitigate the alienation/stigmatization which they experienced as refugees. The group of friends bonded together to respect an individual's dying wishes and to share in their own grief. Each community, in its unique way, created the means by which resilience and empowerment could be fostered and, ultimately, renewed.

We now turn our attention to the key concepts which the three stories revealed—resilience, empowerment, and community-building.

Resilience

Research concerning resilience is based on the assumption that understanding how individuals overcome adversity will provide guidance for intervention with other high-risk individuals (Masten, 1994). This notion grew out of the study of developmental psychopathology and the concern with identifying risk factors in the lives of children associated with psychiatric disorders in adulthood (Garmezy, 1971). The focus began with children who experienced a single risk factor and evolved into the study of multiple stressors (Werner, 1990). The emphasis shifted to resilience with the finding that, across all risk factors, there were always some children who became competent adults despite the life stressors they faced. The focus then shifted to the study of stress-resistant (Garmezy, 1987), invulnerable (Anthony & Cohler, 1984; Garmezy, 1971), invincible (Werner & Smith, 1982), or resilient children (Werner, 1989).

Resilience is defined as the ability to adapt to, cope with, and even be strengthened by adverse circumstances (Scannapieco & Jackson, 1996; Masten, 1994; Begun, 1993; Masten, Best, & Garmezy, 1990). It is the "tendency to rebound or recoil" (Garmezy, 1993, p. 129) despite traumatic events and major life stressors (Kaplan, Turner, Norman, & Stillson, 1996; Werner, 1995; Egeland, Carlson, & Sroufe, 1993).

Many factors are considered to have buffering effects which contribute to the development of resilience in a child. On the individual level, there are characteristics which have been found to mediate stress, such as an easy temperament in infancy, a sense of autonomy in preschool years, problem-solving skills in middle childhood, and an internal locus of control in adolescence (Garmezy, 1993; Werner, 1990). A positive relationship between intelligence and resilience has been proposed, but this correlation is presented with caution (Barnard, 1994; Werner, 1990).

In the context of the family, having an affectionate and stable relationship with an adult (a parent, grandparent, or surrogate parent) is an asset to the developing child (Garmezy, 1987, 1993; Werner, 1990). Minimal conflict contributes to the

stability of the family and has been observed to be an important factor in creating resilient children (Barnard, 1994). The delegation of age-appropriate responsibility in the family—such as caring for younger siblings (Hall & King, 1982; Werner, 1990) or domestic chores (Hall & King, 1982; Werner & Smith, 1982)—has been found to have a protective role. A sense of faith or optimism also characterized the families which produced resilient children (Hall & King, 1982; Werner, 1990) as well as the maintenance of rituals within the family (Barnard, 1994).

At the community level, children's relationships with at least one close friend also can have a buffering effect (Werner, 1989, 1990). In the case of children who come from unstable families, the families of their friends may be able to provide them with the ability to separate themselves from the chaos in their own homes (Werner, 1990, 1995). School also may provide an escape from chaotic homes (Werner, 1990). High academic standards and supportive environments in schools have been associated with resilience (Kaplan et al., 1996; Rutter et al., 1995). Teachers can become positive role models for students in fostering resilience (Garmezy, 1993; Werner, 1989, 1992). For example, Moskowitz (1983) found that 24 survivors of the Nazi holocaust all credited the same nursery school teacher with positively influencing their lives after they had been taken out of Germany. Outside of schools, neighbours (Garmezy, 1993), community elders (Werner, 1995), and ministers (Werner, 1989) have all contributed support to children who became resilient.

The concept of resilience has evolved from its concern with the individual to include the notion of resilient families, organizations, and communities. Although often associated with children, resilience occurs across the lifespan (Aldwin & Sutton, 1998). Families are characterized as resilient when they respond to stress by adapting and using skills and resources in order to avoid deterioration of the family unit (Friedman, 1994; McCubbin & McCubbin, 1988). In the face of threats to the family, African-American families and communities demonstrate their resilience through kinship care (Scannapieco & Jackson, 1996). Resilient communities face adversity and grow from it in the same way that an individual can (Freiberg, 1994). Anderson (1994) outlines five characteristics of resilient organizations: (a) a clear mission, (b) shared decision-making, (c) trust-building, (d) the encouragement of openness, and (e) the enhanced competence of the individual and the collective. All of these aspects can be applied to communities as well as organizations, and use language that illustrates many parallels with empowerment. We believe that the spiritual aspects of resilience, such as the search for significance and the connection to another (Frankl, 1962, 1997), are also threads that link resilience to empowerment.

Empowerment

Individuals and groups become disempowered when societal arrangements and professional approaches prevent them from exercising or experiencing self-determination, distributive justice, and collaborative and democratic participation (Prilleltensky, 1994; Rappaport, 1981). Major sources of disempowerment are the immediate and more distant oppressive social structures which people are unable to change (Prilleltensky, 1994; Lord & Hutchinson, 1993). Empowerment becomes the strategy which directly addresses people's lack of control over their destiny.

Through a collective challenge of social and physical risk factors, “people gain a belief they can control their worlds, a sense of commonality, an ability to work together to acquire resources, and an actual transformation of socio-political conditions” (Wallerstein, 1992, p. 202).

Empowerment is both a group experience and an individual/psychological process (Fawcett et al., 1994; Mullaly, 1993; Rappaport, Reischl, & Zimmerman, 1992). Mullaly (1993) posits that empowerment is a dialectical process—that is, it is both an individual dynamic (which includes psychological, educational, cultural, and spiritual dimensions) and a political and economic process (in which groups actively attempt to gain more power to influence those organizations which affect their lives). Power and influence are achieved through the acquisition of new resources, capacities, or competencies (Fawcett et al., 1994; Rappaport et al., 1992; Biegel, 1984). Cebratav and Maza (1995) note that empowerment is both multi-faceted and multi-level: it is multi-faceted in that it concerns individuals, groups, and communities; it is multi-level because it can be achieved through socio-psychological, social, and political means. Rappaport et al. (1992) submit that being powerful or exerting control over the environment does not make an individual or a group empowered; rather, they conclude that people are empowered because “the result of their interactions with the environment has been a gain in access and control of resources” (Rappaport et al., 1992:85).

We believe that the occurrence of empowerment at the individual level fosters empowerment at the group and/or community level and vice versa—that is, that the individual and the social system or community in which she or he lives are synergically intertwined. Swift and Levin suggest that empowerment is “composed of inseparable aspects that simultaneously and conjointly define the whole” (1987, p. 79). We would add that it is not just that individual and environmental aspects are inseparable from each other; rather, it is that neither dimension of empowerment can exist—and thus create and re-create the whole—unless both are present.

Spreitzer notes that “the most important mediator of the relationship between social structure and behaviour” is the intrapersonal component of psychological empowerment, which she characterizes as “cognitive empowerment” (1995, p. 602). Labonte (1990) points to a model of empowerment that links the process of individual change with social change. In this model, which is based on the concept of conscientization as developed by the Brazilian adult educator Paulo Freire (1970), the person moves from personal experiences to a critical consciousness of the deeper structural levels of inequalities, and on to collective action. A process of reflection, action, and further reflection mediates these stages. For example, an abused woman may make the connection between her individual experience and the larger political issue of men’s dominance over women in society through consciousness raising. The making of this connection initiates a process of personal empowerment and social change (Prilleltensky & Nelson, 1997).

Within this process, there is a transaction between the individual and the environment: empowerment actions are affected by the environment and then, in turn, are influenced by the actions of individuals and groups. The process outlined by Swift and Levin (1987) is well illustrated by the example provided by Garnets and D’Angelli (1994) in relation to their experience with gay and lesbian communities. It involves three stages: (a) recognition of the source(s) of disempowerment;

(b) awareness which allows for an altering of how oppression is understood; and (c) mobilization of economic, social, and political power which brings about changes in the levels of equity in society through legislation of anti-discrimination policies and statutes. This process reveals how individuals and groups move from critical conscience, or consciousness-raising, to praxis.

Swift and Levin (1987) and Kieffer (1984) conceive of praxis as a circular relationship between experience and reflection which requires crystallization in action for empowering learning to emerge. The link between personal and community empowerment is the critical thinking based on action, or Freire's (1970) conscientization. The goal of critical thinking is to move beyond perception towards personal and social action. As Wallerstein notes:

When people develop action plans for their own communities, they simultaneously develop a belief that they can make a difference in their own lives and in the lives of those around them. Empowerment therefore evolves from the interaction of reflection and action, or praxis, that can transform social conditions. . . . Critical thinking about the social context unites people as members of a common community to transform inequitable social relations (1992, p. 203).

Both individual and group empowerment emerges from praxis. In the model outlined in the following sections, we view praxis as interchangeable with community-building.

Community-Building

The notion of community generally is defined in terms of territory or geography (the neighbourhood, the town) and in terms of social function (human interaction and social ties). In this paper, we are more concerned with the latter notion—that is, the social dimension which Heller describes as “the relational community” (1989, p. 3). Community, in this sense, reflects a sense of belonging, a common history and identity, shared experiences, and emotional closeness (Gusfield, 1975; McMillan & Chavis, 1986; Etzioni, 1993).

Community-building has taken on the status of a buzzword in social-science literature—much as has the term empowerment—and has been linked with fostering democracy, enhancing participation, and strengthening people and their relations (Jones & Silva, 1991). Within our analysis, community is understood as an holistic, flowing process. As described by Taylor et al., “central to the understanding of the community building model is the concept of community” (1995, p. 39). Community is more than a buffer or protective mechanism to risk factors; it is an evolving, reflexive, and fluid entity which acts as its own agent in fostering resilience and empowerment. Etzioni (1993) argues that community can be viewed as having “some measure of caring, sharing, and being our brother's and sister's keeper” (p. 260).

As our case examples illustrate, community often is intentionally created and subjectively determined by its members. All three of our case studies highlight communities which fostered feelings of belonging, of security, and—equally important—of hope. We believe that community provides the impetus for building resilience and empowerment within a group.

A WELLNESS MODEL

The literature on wellness generally has focused on the individual within his or her environment (Bruhn, Cordova, Williams, & Fuentes, 1977). As noted by Jones and Kilpatrick, the essential part of the wellness process emphasizes the “biological, psychological, social, and spiritual aspects of person-in-environment functioning.” They define wellness as “a state of harmony, energy, positive productivity, and well being in an individual’s mind, body, emotions and spirit” (1966, p. 259). Bruhn et al. (1977) differentiate between wellness and good health; they see wellness as a process in which individuals actively participate so that they can become more healthy. Chopra’s (1993) vision of wellness interweaves emotional, spiritual, and intellectual growth with physical health promotion (see also Seligman, 1990). Similarly, Cowen (1991) maintains that wellness consists of two dimensions: (a) “earthly” indicators such as eating well, sleeping well, doing one’s life tasks well; and (b) “ethereal” indicators such as having a sense of control over one’s fate, experiencing feelings of purpose and belonging, and feeling a basic satisfaction with oneself and one’s existence.

Wellness literature also has illuminated the importance of the individual’s relationship with family, friends, and the environment. Wellness is not simply an absence of disease; rather, it is a “process tending towards lifestyles and environments conducive to preventing disease” (Schwab et al., 1992, p.29). The model which we are introducing here is based upon an understanding of wellness which is both holistic (i.e., it considers both the individual and the environment) and contemporary (i.e., it illustrates the gradual shift away from blaming the victim and toward a more global understanding of the person in relation to social, economic, and political structures) (Jones & Kilpatrick, 1996).

There is agreement within the literature that both individual characteristics (such as competence and resilience) and environmental characteristics (such as empowerment and social actions) are “blueprints” for building and fostering wellness. We propose a similar line of thinking; however, we link the contributing factors—resilience, empowerment, and community-building—within a comprehensive model which is practice-oriented. Resiliency and empowerment are interweaving concepts: an empowered individual is also resilient; a resilient community can take on empowering values and commitments. As the process of interweaving continues, community-building emerges as an integral component which cannot be isolated from this context. It becomes “the dynamic sense of belonging and consciousness” (Taylor et al., 1995, p. 40) of its members. In other words, the process through which community fosters empowerment and resiliency in its members is one that, in turn, builds community (see model).

THE WELLNESS MODEL



This cyclical model proposes that community-building is captured within the process by which community fosters resilience and empowerment. In this model, the terms resilience and empowerment refer to both individual and community-based concepts. At the individual level, resilience and empowerment act as a process to build personal strength, courage, and vision. At the community level, these terms convey a sense of belonging, suggest a coping ability, and include an element of advocacy. In fact, we have adopted a synergic framework in conceptualizing the process of community-building, “creating an often unexpected, new and greater whole from the disparate, seemingly conflicting parts” (Katz, 1984, p. 202).

Our three field examples inform this model. Each community provided its members with acceptance, a sense of belonging, dignity, and support. Despite their differences, all three communities emerged as “cultures of hope”—that is, symbolic spaces wherein participants could feel safe, nurtured, and worthy (Karabanow, 1999). DLR provided street youth both with immediate services and with a setting in which they were able to explore personal issues and collective struggles. The group of Chilean political prisoners provided its members with camaraderie, hope, and a proud identity—both while they were in jail and once they had arrived in Canada. Friends of Bill and Greg created a setting in which AIDS and homosexuality could be discussed openly and safely, feelings could be explored honestly, and deathbed wishes could be honoured. Each community provided a safe, caring, and accepting culture in which the humanity of its participants could be nurtured. These environments left participants feeling both individually and collectively empowered and resilient. Each population succeeded in rebuilding self-esteem among its members, despite contexts which could have left them powerless and vulnerable. This self-esteem was evident both in concrete actions (such as Greg’s informal ceremony) and in more ethereal indicators (such as the deep connection experienced by DLR members or the proud identity felt by the group of political prisoners living in Canada).

Each of the three communities discussed above fostered resilience and empowerment within their members which, in turn, reinforced the vibrancy of the community setting. As the strength of each community was renewed, participants

were able to address both personal troubles and collective struggles. They were able to gain individual confidence, courage, and competencies and to experience a greater sense of belonging within the community. Each community became more receptive to the needs of its participants. This receptivity in turn fostered an environment which was more conducive to the development of resilience and empowerment. Community-building promoted an environment in which marginalized and disadvantaged populations could meet their basic needs and participate in activities which challenged systemic subordination. In all three contexts, the community-building process was continual and resulted in an ever-changing (transformative) community consisting of renewed and expanding resilience and empowerment.

CONCLUSION

In the face of our globalized social, political, and economic environment, a search for community is even more pressing. It has become clear that an increasing number of people are being left behind within the new world economy. We are witnessing higher levels of homelessness, poverty, unemployment, and mental illness throughout both developed and developing countries. In the midst of this situation, "the desire for community haunts our contemporary societies, which are splintered into a myriad of individual rights and positions" (Benammar, 1994, p. 32). In this paper, we address the importance of community in fostering empowerment and resilience at the individual and group levels, we reflect upon how this process works to build and rebuild community within a synergic framework, and we propose a wellness model which incorporates all three key components—resilience, empowerment, and community-building. As governments around the world move further away from providing universal and comprehensive social safety nets for their people, natural communities (based on the type of wellness model which we propose) undoubtedly will be among the last remaining hopes for marginalized, alienated, and forgotten populations.

RÉSUMÉ

Cet article explore 3 populations diverses: des jeunes sans-abri, des prisonniers et prisonnières politiques et des accompagnateurs et accompagnatrices des sidéens et sidéennes. À la base de ces explorations, nous considérons les concepts de l'empowerment, de la résilience et du développement communautaire. En mettant ensemble ces 3 concepts clefs nous développons un modèle cyclique de bien-être qui peut être appliqué aussi bien aux communautés qu'aux individus. Nous croyons que ce modèle souligne les capacités des individus et des communautés et fournira un élément primordial d'espoir aux sociétés dans notre économie de plus en plus mondialisée.

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