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Shame, Humiliation and Social Isolation: Missing Dimensions of Poverty and Suffering Analysis

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Abstract

While people living in poverty talk about isolation, shame, and humiliation as being key aspects of their lived experiences of suffering, until recently, there has been no international data on these aspects – making them “missing dimensions” within poverty analysis and within research into suffering. Drawing upon international fieldwork and datasets from Chile and Chad, this chapter examines the relevance of social isolation, shame and humiliation in contexts of poverty, to research on suffering. The chapter suggests that the use of particular indicators of shame, humiliation, and social isolation can better recognize distributions of suffering. It can also help identify individuals and sub-groups within those living in multidimensional poverty - or of the general population at large - that are affected by concrete and particularly hurtful situations. Consequently, they can help to identify levels of suffering which are

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higher within a specific population. We argue that these types of indicators could form the basis of more refined measures that help generate more concise data on suffering.

Keywords: Multidimensional poverty; shame; humiliation; discrimination; social isolation; loneliness; relational poverty; social connectedness; Chad; Chile.

JEL classification: C8, I3. Z130

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1. Introduction

While ‘suffering is a problem in life that affects everyone’ (Schulz *et al.* 2010: 782), “not all suffering is equal” (Farmer, 2005: 279). Like poverty, suffering – the distress resulting from threat or damage to one’s body or self-identity (Anderson in this same volume) – is multi-dimensional; it is imperative to understand how its various dimensions interact and interconnect: their dynamics, intensities and types, and their implications on wellbeing and quality of life. Little current information exists on the extent, distribution, quality or quantity of suffering internationally, largely due to lack of refined measures (Anderson, 2014).

In an attempt to overcome this lack of information, Anderson (2014) has proposed using a series of indicators of both objective and subjective suffering to assess its prevalence on a global scale. One of the key indicators used (and one of two defined to assess *social* suffering) is that of poverty, and, in particular, poverty measured in a multidimensional way. Multidimensional poverty differs from traditional measures of poverty in income space and aims at measuring several deprivations that a person suffers at the same time (e.g. the situation of that person in terms of health, education, and living standards and not only through income level). One specific way of measuring this is the Multidimensional Poverty Index (MPI) used by the United Nations Development Programme to calculate worldwide multidimensional acute poverty (Alkire and Santos, 2010, 2013), and used by Anderson (2013) with data on corruption as a proxy of social suffering. In this same work, Anderson suggests two ways to continue the quest for more accurately estimating global suffering. One is to limit the estimates of suffering to indicators of severe suffering, and the second is to expand the number of indicators in order to be more inclusive.

We suggest that a key obstacle in the refinement of the measurement of suffering is the assumption that poverty equals suffering, and thus the use of poverty as a proxy for suffering within the literature. We argue that the use of this proxy conceals the multidimensional nature of poverty and the differential distributions of suffering among the poor, overlooking the fact that some people in poverty suffer more than others. Therefore, this chapter aims to begin addressing the challenge of refining measurement of suffering by focussing on specific and concrete aspects of poverty that poor people report are important in their lives, and by exploring how these aspects may relate to suffering. We will argue that drawing upon research into multidimensional poverty and focusing attention on concrete aspects of suffering is fruitful as it enables more precise conceptualisation of differential experiences of suffering. Specifically, this chapter will outline the importance of social connectedness in the lives of the poor, and discuss findings in relation to deprivations in this connectedness – social isolation, shame, and humiliation – as concrete dimensions of poverty.

2. The Multidimensionality of Poverty and Suffering

A growing number of local and global initiatives (spanning the developing and developed world) attest to the importance that human beings place on social relations in the evaluation of their wellbeing, alongside other dimensions of life (see Zavaleta, Samuel and Mills 2014 for an outline of a number of initiatives exploring aspects of social connectedness.) They reflect the acknowledged gap between what people value and the dimensions currently used for assessing the wellbeing of people. An example of this attention to the importance of social connectedness is provided by the commission established by former French President, Nicholas Sarkozy, to identify the limits of current indicators of economic performance and social progress. It also suggests how to improve indicators for all countries, with a primary focus on Europe. The commission, led by Joseph Stiglitz, Amartya Sen, and Jean-Paul Fitoussi, concluded that “social connections and relationships” should be among the dimensions taken into account for measurement of quality of life globally. Moreover, they argue that social connections should be considered *simultaneously* alongside other dimensions, such as material living standards (income, consumption, and wealth) and health (Stiglitz, Sen and Fitoussi 2009). The report emphasises the need to document the diversity of people’s experiences, the linkages across different dimensions of wellbeing, and the need to look across different types and domains of inequalities (for example, being both poor and female, or being disabled and poor) “to see how these can compound one another and are combined in both experience and affect” (White, *et al.* 2012, p.770).

The research outlined in this chapter is part of the work currently being undertaken by the Oxford Poverty and Human Development Initiative (OPHI) to examine those aspects of life that people living in poverty often state are important to them and yet on which there is little to no international data – the “missing dimensions” of poverty analysis. In particular, OPHI explores aspects of quality of work, empowerment, physical safety, psychological and subjective well-being, and social connectedness (for further details, see: www.ophi.org.uk/research/missing-dimensions/).

The development of indicators that measure these dimensions, and the inclusion of these indicators as short modules on household surveys, allows not only for different aspects of one dimension to be explored (for example, different experiences of social isolation) but furthermore enables exploration of the connections between different dimensions (for example, between empowerment and shame, or between income and social isolation). Highlighting the multidimensional nature of both suffering and poverty is important because

The predicaments of people below the poverty line are not by means homogenous even when their respective abilities to convert commodities into capabilities are identical, since they differ from each other in the size of their respective shortfalls of income from the poverty line (Sen, 1983, p. 165).

Because few attempts have been made to quantify the distribution of suffering on a global scale, and due to the need to refine measures of suffering, some early research views poverty as an indicator of suffering (see Anderson, 2014). While these early attempts are admirable and welcome, it may be problematic to assume that all poor people suffer, and that poor people suffer equally or homogeneously. Thus, Sen's call for "distribution-sensitive measures of poverty" (Sen, 1983, p. 165) may also be useful for attempts to measure differential distribution of suffering, both between and within communities.

Furthermore, Anderson (2014, p. 54) points out that "when multiple types of suffering occur together, their individual effect may multiply rather than add to one another". In Anderson's (2014) research into the global distribution of suffering, he found that major types of suffering often co-existed. This is particularly significant when looking at suffering in contexts of poverty because developing countries with high rates of (income) poverty are likely to have higher co-existence of all three major types of suffering; mental, physical, and social. Through understanding poverty and suffering as multidimensional, we can explore how people experience deprivations and suffering in some dimensions and not in others, and the ways these dimensions may interact. We can also identify those who may be experiencing deprivations in all dimensions, and thus those who's suffering (or poverty) may be most acute or chronic.

3. What Matters Most: The Intrinsic and Instrumental Importance of Social Connectedness

"Social connections.... are among the most robust correlates of subjective wellbeing" and indeed, people place such high value in this aspect that they "report that good relationships with family members, friends or romantic partners — far more than money or fame — are prerequisites for their own happiness" (Helliwell and Putnam 2004, p.1437). Many people attach high intrinsic value to social contacts: they value the sense of belonging to a community, having friends and emotional attachments, and being able to participate in society. This is evident in a quote from *Voices of the Poor*, participatory research into poverty conducted in 60 developing countries, where a woman living in poverty in Bulgaria states that, "I like money and nice things, but it's not money that makes me happy. It's people that make me happy" (cited in Narayan and Petesch 2002, p.258).

Research consistently shows that social support is a key factor in the relationship between poverty (low income) and wellbeing (Biswas-Diener and Diener, 2001). Helliwell, Layard, and Sacks (2012) found that when social support was taken into account, the explanatory value of income fell dramatically. This implies that psychological wellbeing may result from a "horizontal" interaction between physical, social, and psychological needs, with some of the negative effects of material deprivation counterbalanced by

positive social relationships (Biswas-Diener and Diener, 2001; 2006, p201). This aligns with Anderson's findings of a stronger association between higher social support and lower suffering, where "social support networks play a very large role in diminishing suffering" (2014: 85). This may provide a more nuanced framework for understanding how poverty (or low income) may relate to suffering. For example, while social connectedness may help mitigate the negative relationship between income and life satisfaction, low income may result in people being unable to engage in the reciprocal exchanges that often constitute community participation (e.g. poor people may not be able to afford food to share at communal gatherings). This means that the chronic poor may remain so because of their inability to reciprocate in terms of material resources (Gonzalez, 2007).

Through the lens of Sen's capability approach, it seems that people, and perhaps especially poor people, have "good reason to value not being excluded from social relations", and thus social isolation (and social exclusion) would seem to be direct elements of capability poverty and of suffering (Sen, 2000:4). Adam Smith makes the point that "the inability to interact freely with others is an important deprivation in itself (like being undernourished or homeless)" (Sen, 2000:5). This makes a strong case for understanding social isolation (and shame and humiliation) as constitutive components of poverty and suffering. For Sen, absolute deprivation also includes being ashamed to appear in public and not being able to participate in the life of the community (1985). Social isolation and shame can lead to other deprivations and limit other freedoms. For example, being isolated may exclude a person from job opportunities, which can in turn lead to deprivations in being able to purchase food; feeling discriminated against within the health system may lead to deprivations in health.

There is plentiful literature on the deleterious effects of social isolation on both psychological and physical health - where it is related to feelings of loneliness and despair (Biordi and Nicholson 2013), along with research into the affective responses to social exclusion, including social anxiety, jealousy, loneliness, and depression (Baumeister and Tice 1990; Leary 1990). Like social exclusion and rejection, social isolation can have "intense and often disruptive effects...on individual cognitive, motivational, and emotional functioning" (Brewer 2005, p. 344-45). This is something that poor people seem painfully aware of. An interviewee from Bangladesh in the Voices of the Poor study explained that being too poor to participate in community gatherings, and thus having to remain isolated in the house, is when a "person goes mad and wishes to commit suicide" (cited in Narayan *et al.* 2000b, p. 258).

The *pain* of subjective isolation – or "social pain" – is a deeply disruptive hurt that also has striking effects on physical health (See Cassidy and Asher, 1992; Cole *et al.*, 2007; Eisenberger, Lieberman and Williams, 2003; Gustafsson *et al.*, 2012; Hawkey and Cacioppo, 2010; MacDonald and Leary, 2005; Stranahan, Khalil and Gould, 2006; Westerlund *et al.* 2012; and Wilson *et al.*, 2007). Furthermore,

Eisenberger, Lieberman and Williams (2003) have tested the neural correlates of social exclusion through neuroimaging studies and concluded that the brain bases of social pain are similar to those of physical pain. The quality and quantity of individuals' social relationships has been linked not only to mental health but also to both morbidity and mortality. The magnitude of risk to health is comparable to the effect of high blood pressure, lack of exercise, obesity, or smoking (Cacioppo and Patrick 2008; House, Landis and Umberson 1988) and is a predictor of functional decline and death among individuals older than 60 years (Perissinotto, Stijacic Cenzer, and Covinsky 2012). The *distress* produced by subjective social isolation is a serious and common problem and the effects can be considerable, especially if it becomes chronic. While all individuals are prone to feel loneliness at several points in their lives, this becomes “an issue of serious concern only when it settles in long enough to create a persistent, self-reinforcing loop of negative thoughts, sensations, and behaviors” (Cacioppo and Patrick 2008, p. 7).

Social isolation, shame, and humiliation, could be “constitutively a part of capability deprivation as well as instrumentally a cause of diverse capability failures” (2000:5). Despite what poor people say about the intrinsic importance of social connectedness, and a growing literature on social support as playing a mediating role between income and low subjective wellbeing, little policy exists to develop and strengthen support networks, especially in developing countries. It is important for research to take seriously the need to expand people’s relational capabilities and the real freedoms that people value.

4. Shame, Humiliation and Isolation – Unpacking the Terms

Shame and humiliation are affective states that define distinct yet related aspects of human psychology. Shame is a

“global, painful, and devastating experience in which the self, not just behaviour, is painfully scrutinized and negatively evaluated. . . This global, negative affect is often accompanied by a sense of shrinking and being small, and by a sense of worthlessness and powerlessness” (Tagney 2003). “Shame is likely to be accompanied by a desire to hide or escape from the interpersonal situation in question. . .” (Tagney quoted in Sabini and Silver 1997).

Shame is both a moral emotion (in the sense that it acts as an evaluator of self) and is linked to the self in relation to others (as actions by others or our perception of their judgement may affect our sense of shame). Humiliation refers to both an act – to humiliate someone or feeling humiliated – or to a feeling. In reference to an act (an *external* event), it is commonly linked to the feeling or condition of being lessened in dignity or pride and associated with unequal power relations (Lindner 2007). In terms of the feeling (an *internal* event), humiliation is “the deep dysphoric feeling associated with being, or perceiving oneself as being, unjustly degraded, ridiculed, or put down--in particular, one’s identity has been demeaned or devalued” (Hartling and Luchetta 1999: 7).

Although both are negative emotions that refer to the self, and although these terms are frequently used interchangeably as synonymous in common language, there are several important differences between shame and humiliation. Shame emphasises an individualistic evaluation; humiliation is inherently interactional. They may occur simultaneously, as suffering from a humiliating act may entail feeling ashamed; yet one emotion does not result ipso facto in the other (e.g. one can have the feeling of being humiliated without the sensation that one has failed one's own standards). While shame is the result of a personal judgment of failure (and thus involves the belief that one deserves the shame), humiliation tends to involve the belief by the target that he or she does not deserve the treatment he or she is getting (Jackson 1999, Hartling and Luchetta 1999). The response to both experiences is quite different. While shame can result in withdrawal, humiliation typically arouses hostility (Jackson 1999).

Social isolation is the inadequate quality and quantity of social relations with other people at the different levels where human interaction takes place (individual, group, community and the larger social environment) (Zavaleta, Samuel and Mills 2014). This implies that the social isolation of a person has both quantitative and qualitative aspects, such as the number or frequency of interactions with other people (e.g. the social networks we belong to, the number of groups in which we participate, or the frequency with which we meet friends and family), and how *meaningful* these relations are (e.g. if they satisfy a person's expectations or standards). Both quantitative and qualitative aspects of deprivations in connectedness contribute in a myriad of ways to the social isolation of a human being, yet the relationship between these aspects is not direct. For example, being alone (lack of or inadequate number of relations) may trigger feelings of loneliness (a qualitative aspect), and feeling isolated may result in being alone. One may feel lonely while being surrounded by people, family or friends, and people with few social contacts may not feel isolated at all (indeed, many individuals enjoy their solitude and value it) (see, for example, Fromm 1942/2001; Hawkley and Cacioppo 2009).

The importance of social connectedness has been documented both conceptually and empirically in the rich and overlapping literatures on social capital, social cohesion, and social exclusion. (While there is not space here to elaborate on these theories, see Zavaleta, Samuel and Mills (2014) for a more detailed discussion of how the research outlined in this chapter connects to, and diverges from, the wider literature). This literature has contributed enormously to increasing focus on, and developing measures of, aspects of social connectedness. However, along with problems in defining and operationalizing concepts, research into the measurement of social capital, social cohesion, and social exclusion has tended to concentrate mainly on the instrumentality of social connections – the positive impact they can have on key aspects of life, such as a person's health, well-being, or job opportunities, and how they may enable people to gain access to resources (Berkman and Glass 2000; Coleman 1988; Easterly, Ritzen, and Woolcock 2006; Grootaert 1998; Putman 2000; Woolcock 1998, 2001). While the instrumental

importance of social connectedness is important, much of this research overlooks the intrinsic value that many people attach to having social connections.

The point of this research lies in the emphasis placed on the intrinsic *and* instrumental importance of social connectedness, specifically for those living in poverty. It aims to develop indicators that measure both external and internal (objective and subjective) aspects of deprivations in social connectedness. The inclusion of internal characteristics follows an increasing number of studies that use data reflecting people's perceptions of their own life (Hawthorne 2006; Hortulanus, Machielse and Meeuwesen 2005; and WHO-QoL Group 1993). Anderson (2014) highlights a similar need for the combination of subjective and objective indicators in the conceptualisation and measurement of suffering as multidimensional.

5. Data Resources

In this chapter, we use two specific indicators - discrimination and loneliness - to explore their intensity and relationship with other variables in two different countries: Chile and Chad. These two indicators are part of a series of concrete indicators proposed to collect data on shame, humiliation and isolation (Zavaleta, 2007; Zavaleta, Samuel and Mills, 2014). The analysis draws on two datasets collected by the Oxford Poverty and Human Development Initiative (OPHI). The first dataset was collected in Chile using a nationally representative subsample of Chile's national household survey (CASEN) in 2009. A total of 1432 households were interviewed using several modules of traditional socio-economic variables available in the CASEN 2006, alongside five modules on "missing dimensions of poverty data" developed by OPHI and collected in 2009.

The second dataset comes from the Multidimensional Poverty and Vulnerability in Chad (EPMVT) household survey. This survey was designed and collected by the Institute of National Statistics of the Government of Chad (INSEED), the Oxford Poverty and Human Development Initiative (OPHI) and UNICEF-Chad. Data collection took place in 2012 and gathered information from a nationally representative sample of 4,426 households. As with the Chilean exercise, the dataset contains a rich array of traditional socio-economic variables alongside modules on quality of employment, empowerment, shame, humiliation, isolation, psychological well-being, and physical safety.

The datasets drawn upon here allow preliminary exploration of these diverse variables within two extremely divergent realities. Chile is a high-income country with low levels of poverty (with 2.7 percent of its population living under less than US \$2 a day in 2009), and high levels of human development (it ranks 40 of 186 in the Human Development Index). Chad is a low-income country and one of the poorest in the world by any standard: 83.3 percent of its population lived with less than US \$2 a day by

2003; 62.9 percent of the population is multidimensionally poor (OPHI, 2013); and the country ranks 184 of 186 in the Human Development Index (all income poverty data from The World Bank Databank 2014, The World Bank, accessed 25-02-2014, <http://data.worldbank.org/topic/poverty>; Human Development data from UNDP dataset, United Nations Development Program, accessed 25-02-2014, <https://data.undp.org/dataset/Table-1-Human-Development-Index-and-its-components/wxub-qc5k>).

We use data on discrimination from the Chilean dataset here to exhibit some basic results.

Discrimination has been characterized as the “most overt form of ascriptive humiliation” (Lukes 1997: 44) and is characterized by unequal power relations and actions that affect the dignity and pride of individuals and result in feelings of being degraded. This affective state has been associated with numerous psychosocial maladies, such as low self-esteem, school-related difficulties, pernicious child-rearing practices, delinquency, poverty, social phobia, anxiety, depression, paranoia, marital discord, domestic violence, sexual aggression, rape, serial murder, torture, and suicide (Hartling and Luchetta 1999).

Data on discrimination is obtained on the basis of responses to three questions:

- 1) Have you been treated in a way that you felt was prejudiced during the past three months? (Response alternatives: Yes, always; Yes, often; Yes, occasionally; No, never; Don't Know or No answer)
- 2) Who treated you in a way that you felt was prejudiced? (the response alternatives included a series of institutions, people, situations or places);
- 3) Why were you treated in a way that you felt was prejudiced? (Response alternatives: Ethnic or racial background, Gender, Sexual orientation, Age, Disability, Religion, Other – open question, Don't know).

6 Results from Chile

The general results for this set of questions in Chile are as following: up to 16.6 percent of the population claims to have been treated with prejudice either “always”, “often” or “occasionally” in the last three months, while 82.2 percent claimed to have never been treated with prejudice, and 1.3 percent did not know or did not respond. As can be observed in Table 1., of the people who claimed to have been the subject of a discriminatory act, a large majority stated that these acts took place either in the health services (26.3 percent), at work (21.1 percent), in the street by an unknown person (11.4 percent), or by a close relative (9.1 percent). Finally, the alleged reason for this act of prejudice can be seen in Table 2. The most often cited reason in the experience of prejudice is the socio-economic condition of

the respondent (40 percent), followed by an unknown reason or refusal to answer (26.5 percent), the level of education of the respondent (8.7 percent), or his or her ethnic, racial, or cultural background (7.7 percent). The large percentage of respondents who do not know or refuse to answer why they perceive they have been subject to a prejudicial act is telling, as it is possible that a portion of these respondents refuse to provide a concrete answer due to the shame of exposing a particular background.

Table 1: 'Who treated you in a prejudiced way?'

Category of Prejudice Location	Percent
Health care services	26.3
School	1.5
Work	21.1
Police / judicial system	3.5
Social services	5.4
Shops / restaurants	2.7
Bank / insurance company	3.8
Government housing office	2.4
Close relative	9.1
Unknown person in a public place	11.4
Other	6.4
DK/NA	6.3

Source: own estimates using OPHI-CASEN survey.

Table 2. 'Why were you treated in a prejudiced way?'

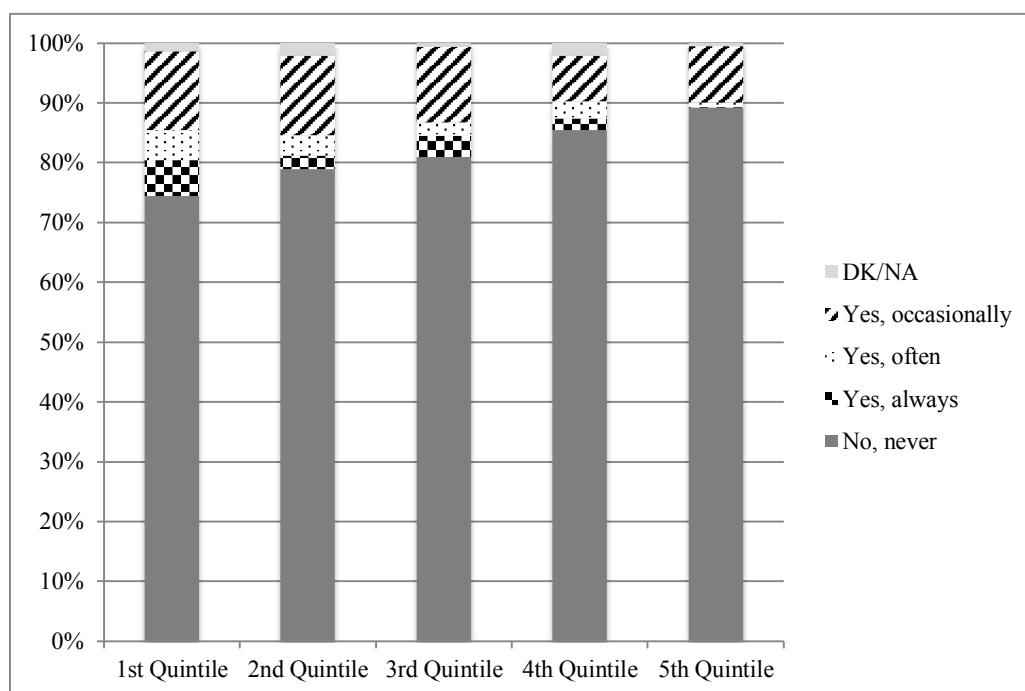
Location Prejudicial Exposure	Percent
Ethnic, racial or cultural background	7.7
Gender	2.5
Sexual orientation	1.2
Age	5.4
Disability	1.9
Religion	3.0

Socio-economic group	40.0
Education	8.7
Other	3.2
DK/NA	26.5

Source: own estimates using OPHI-CASEN survey.

However, these general results conceal important sub-group realities, including differences by income level, gender, age, and ethnic, racial or cultural background. As can be observed in Figure 1, the sense of discrimination varies significantly. We find a negative, significant relationship between the income group of the respondent and discrimination, varying from 24.2 percent in the poorest 20 percent of the population to 10.3 percent in the highest income-earning group. How regularly the respondent feels treated with prejudice also tends to decrease the higher the income group. Similarly, we observe significant differences between the poor and non-poor populations in being the subject of a prejudicial act (14.5 percent versus 21 percent) [The income cut-offs are those used by the Ministry of Planning of Chile (MIDEPLAN) for the official poverty estimates of 2009]. The result of the main perceived cause for the discriminatory act being the socio-economic background of the respondent remains the highest perceived cause for each income group.

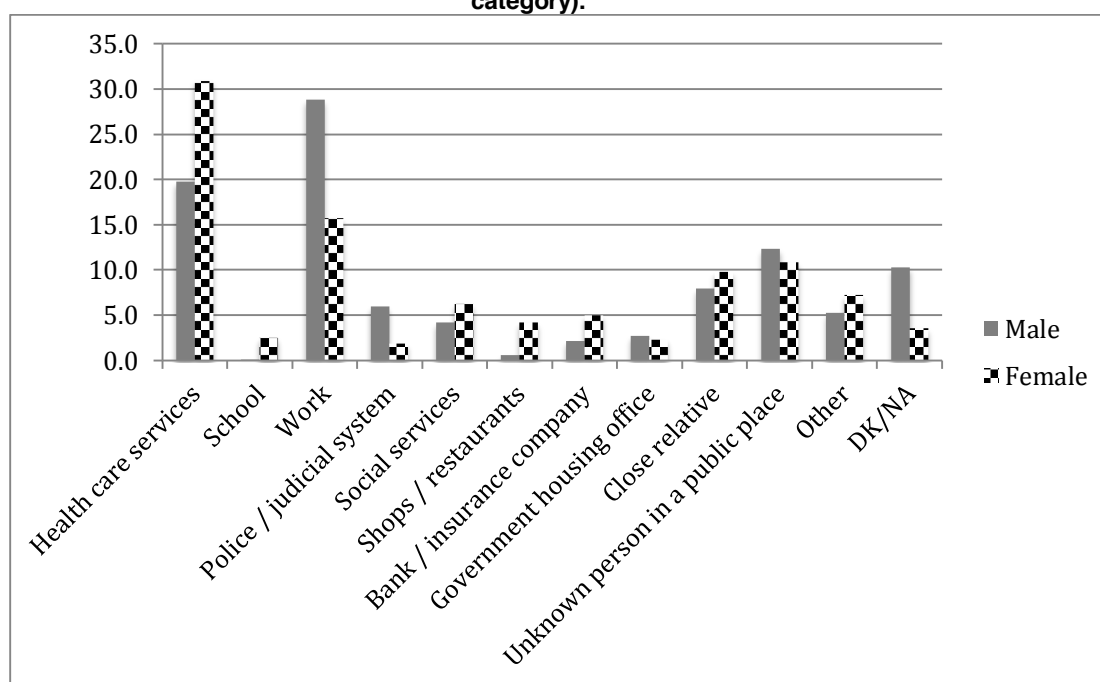
Fig. 1. Percentage of respondent being treated with prejudice by income group.



Source: own estimates using OPHI-CASEN survey.

Where the discrimination takes place also has important variations, with respondents in the first two quintiles claiming it takes place predominately in the health services (39.4 and 31.1 percent, respectively), while respondents in the higher three quintiles claiming that it takes place at work (36, 29.3 and 24.9 percent, respectively). Gender differences are also evident in these two spaces of discrimination, with women feeling significantly more discrimination in the health care system (30.9 versus 19.8 percent), while men tend to experience more at work (28.8 versus 15.7 percent). Finally, differences due to ethnic background exhibit the largest variations. For example, the Aymara group – the second largest ethnic group, based in the less populated northern part of Chile - identifies the main source of discrimination as coming from an unknown person in a public place (42.5 percent) with the perceived reason for discrimination given being due to their ethnic background (51.9 percent). Space limitation does not allow for a comparison between countries, which add examples of the variety and magnitude of discriminatory acts. In Chad, for example, the main source of discrimination by far comes from a close relative, showing important intra-household dynamics of discrimination.

Fig 2. Gender differences in where discrimination took place (% of female and male respondents per each category).



Source: own estimates using OPHI-CASEN survey.

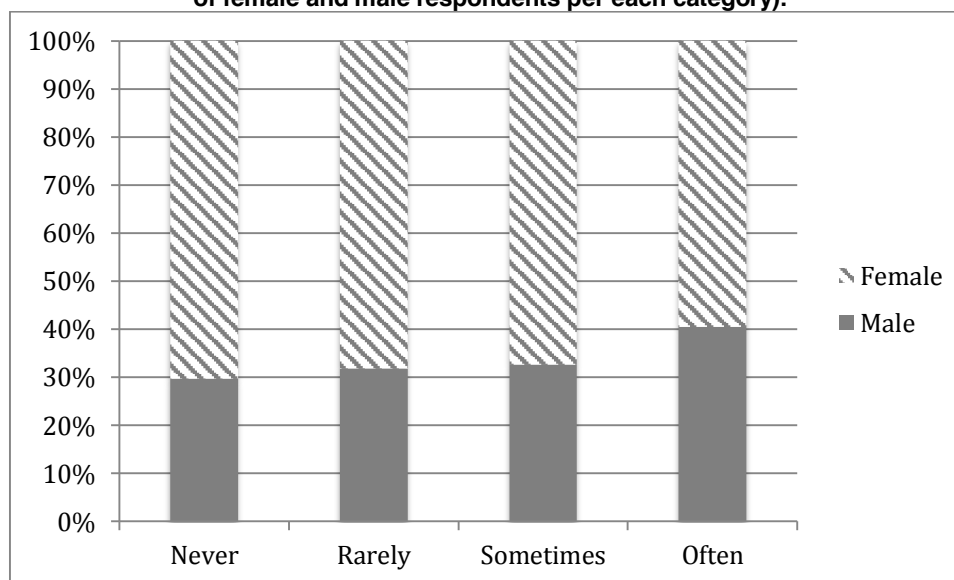
7. Results from Chad

Results from Chad show relevant insights for poverty analysis by introducing information on loneliness. Loneliness is “the distress that results from discrepancies between ideal and perceived social relationships” (Hawkey and Cacioppo 2009). Loneliness is relevant because it can be argued that, in its chronic form, it is one of the most extreme forms of social disconnection, carrying deleterious effects on

physical and psychological health (as discussed earlier). Information for this variable was obtained from specific statements from version III of the UCLA Loneliness scale (Russell 1996). Respondents were requested to indicate how often they feel they can find companionship when they want it. The response structure is a 4-point scale ranging from “never” to “often”.

Results from the Chad survey show that 20.2 percent of the population claimed they “never” or “rarely” find companionship when they want it, while 25.6 percent find companionship only “sometimes”, and 53.7 percent claimed they can “often” find companionship. These general results hide important sub-group differences. For example, gender differences show the strongest size effect found in the loneliness data with women on average reporting 0.16 points higher on the score than men (see Figure 3). The worse the results, the more skewed the gender difference, with women reporting over 70% of the entire results of people not being able (“never”) to find companionship when they want it.

Fig. 3. Gender differences in perceptions of how often can respondents find companionship when they want it (% of female and male respondents per each category).



Source: own estimates using OPHI-CASEN survey.

Being able to find companionship when you want it is negatively and significantly correlated with per capita household expenditure and education level. The higher their per capita household expenditure (per quintile), or level of education (by category, e.g. from primary completed to secondary completed), the less lonely people are compared to their counterparts in lower levels. Urban dwellers also feel less lonely than their rural counterparts.

8. Conclusions

This chapter has argued that focusing attention on concrete and poignant aspects that affect people's lives - namely shame, humiliation, and social isolation – can help refine the measurement of both poverty and social suffering. The motivation behind moving to measure poverty in a multidimensional way is rooted in people's lived realities of experiencing multiple forms of deprivations simultaneously. Although income is a crucial aspect for understanding poverty, it is insufficient in capturing this diversity, leading to important shortcomings in poverty measurement. Measuring poverty in a multidimensional way can enrich the understanding about this social malady. In this respect, using multidimensional poverty as a proxy to social suffering is a sensible move. Yet, data on the crucial aspects for people living in poverty are still missing. This includes the lack of agency to live a life in the way that one values, or the demeaning of one's identity due to the stigma of poverty, discrimination or social isolation. These aspects, we argue, are intrinsically linked to potential, perceived, or actual damage to one's body or self-identity, and thus need to be developed and incorporated to refine the measurement of both poverty and suffering.

The basic results shown in this chapter provide a glimpse into the reality of discrimination: its magnitude, its sub-group differences, the links between the income level of a person and how often she or he suffers from discriminatory acts, and the areas of life most affected by it. Group-based discrimination (ethnic, racial, cultural, or religious) is especially relevant as it can lead to important political instability and even violent conflict (see Stewart 2001). It can also result in important negative psychological and sociological phenomena linked to the concealment of identities in order to avoid discrimination.

It is important to note that the answer of the respondent refers to an actual act, and not simply to a perception of the existence of situations involving discrimination. This act may indeed be due to a reason different to what the respondent perceives it to be (e.g. a personal problem between a person performing the act and the subject of the act, rather than due to her ethnic background or gender). Yet, there are still a significant number of people in the sample claiming to having been subject of prejudice, so it is highly unlikely that such a large number of the population simply perceive this as real. And even then - if that was the case – it would still be telling that such a number of people feel that the cause of the act was due to prejudice.

The results also provide a glimpse into the diversity of how discrimination is suffered in different contexts. The data on loneliness (though limited) points to the existence of this condition in a significant portion of the population of Chad and confirms previous qualitative analysis in different contexts showing its links to poverty (see De Jong Gierveld and Van Tilburg 2010). As in the case of data on

discrimination, quantitative information on loneliness will advance our understanding of the characteristics of the population who suffer from this malady and its relationship with other dimensions of wellbeing and suffering.

The use of particular indicators of shame, humiliation, and social isolation can better indicate differential distributions of suffering and help identify individuals and sub-groups within people living in poverty that are affected by concrete and particularly hurtful situations. Consequently, they can help to identify levels of suffering which are higher within a specific population. These types of indicators could form the basis of more refined measures that help generate more concise data on suffering. Most importantly, better data on who is suffering and how they are suffering paves the way for the development of interventions that are sensitive to people's lived realities of suffering, and thus better able to provide the conditions for people to live the lives they value.

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