Regenerating Community

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Each of us has a map of the social world in our mind, and the way we act, our plans and opinions are the result of that map.

The people who make social policy also have social maps in their minds. They make plans and design programs based upon their map. Indeed, if you carefully examine their programs, you can detect the nature of their mental map.

Using this method, we have found that the most common social policy map has two locations: institutions and individual people. By institutions we mean large structures such as corporations, universities, and government mental health systems. These structures organize a large group of people so that a few of them will be able to control the rest of them. In this structure, there is ultimately room for one leader. It is a structure initially created to produce goods such as steel and automobiles.

In the last few decades, the structure has also been used to design human service systems. While these newly designed hierarchical, managed service systems do not produce goods such as steel, they do produce needs assessments, service plans, protocols, and procedures. They are also thought, by some policymakers, to produce health, education, security, or justice.

If it is correct that these systems can produce these service commodities, then it is possible to imagine that there are consumers of their products. For example, we have all heard that there are now people called "health consumers." They are the individuals who are the other part of the social map created by most social policymakers. They make a complete economic world by acting as the users (consumers) of the products of managed institutional producers of such commodities as mental health, health, education, and justice. Thus, we can see that it was necessary to create health consumers once we had systems that could produce health. Otherwise, there would be no purpose for these large hierarchical, managed systems.

Once we understand this social map of institutions and individuals, we can see why we have mental health providers and mental health consumers. We can also see how our developing service economy works.

Because the gross national product is the sum of the goods and services produced each year, many policy experts have come to believe that the well-being of our society significantly depends upon the amount of the commodities called services that are produced by institutions and used by consumers. For example, a person with a perilous and extended illness (a health consumer) contributes significantly to our economic growth by using large amounts of the commodities produced by the health system. Indeed, a very ill person disabled for a considerable amount of time could cause production of much more medical dollar value through their illness than the value of their own production were they healthy.

This amazing development is possible, in part, because of the unusual two place map used by many social policymakers in designing social service programs. Unfortunately, this map and the program designs that flow from it have recently encountered three major problems.

The first problem is that in spite of ever-growing inputs into institutionalized service systems, many individuals continue to reject their roles as consumers. This is the problem of intractability that has resulted in an increasing focus upon the "compliance" issue. Especially in our big cities, many intractable young individuals continue to refuse to learn in spite of heightened resources and managerial inputs to school systems. This is commonly known as the educational problem.

Similarly, there are many other intractable individuals who refuse to behave in spite of our correctional institutions. This is the crime problem. There is also the nutrition problem created by intractable people who refuse to eat the right food. And the chemical dependency problem created by intractable people who insist on smoking and drinking incorrectly.

There is also the ever-growing number of intractable people who refuse to flourish in institutions created for labelled people, in spite of all the professional and managerial improvements designed by the systems.

Indeed, there are so many intractable people refusing to consume institutional services that we are now designing new systems that surround these individuals with professionally administered services. Thus, one can now see individuals whose lives are bounded by institutions "targeting" their services at an intractable individual through teachers, doctors, trainers, social workers, family planners, psychologists, vocational counselors, security officers, and so forth. This is usually called a "comprehensive, multidisciplinary, coordinated, interagency service system." It is the equivalent of institutionalization without walls or the design of an environment to create a totally dependent service system consumer.

The second problem with programs based upon the typical social policy map is that the sum of their costs can be greater than the wealth of the nation. In a recent white paper entitled "A Time to Serve," a group of Swedish government planners described the escalating costs of their much-acclaimed social service system. They point out that at present rates of growth, the system could consume the entire nation's wealth within a few decades. Therefore, they propose that the government begin to "tax" people's time by requiring the Swedish people to contribute unpaid work to the maintenance and growth of their social service system.

While it is clearly the case that the United Slates is not in immediate danger of the Swedish economic dilemma, we are contributing substantial amounts to social service systems. A recent study by the Community Services Society of New York found that approximately $7,000 per capita of public and private money is specifically allocated to the low-income population of that city. Thus, a family of four would be eligible on a per capita basis for $28,000 that would place them in the moderate-income category. However, only 37 percent of this money actually reaches low-income people in income. Nearly two-thirds is consumed by those who service the poor.

The third problem with the typical social policy map is that programs based upon its suppositions are increasingly ineffective and even counterproductive. For example, we now understand that our "correctional systems" consistently train people in crime. Studies demonstrate that a substantial

number of people, while in hospitals, become sick or injured with maladies worse than those for which they were admitted. In many of our big city schools we see children whose relative achievement levels fall further behind each year. Thus, we have come to recognize the possibility that we can create crime-making corrections systems, sickness-making health systems, and stupid-making schools based upon a social model that conceives of society as a place bounded by institutions and individuals.

It is obvious, upon the briefest reflection, that the typical social policy map is inaccurate because it excludes a major social domain—the community. By community, we mean the social place used by family, friends, neighbors, neighborhood associations, clubs, civic groups, local enterprises, churches, ethnic associations, temples, local unions, local government, and local media. In addition to being called the community, this social environment is also described as the informal sector, the unmanaged environment, and the associational sector.

THE STRUGGLE BETWEEN COMMUNITY AND INSTITUTION

These associations of community represent unique social tools that are unlike the social tool represented by a managed institution. For example, the structure of institutions is a design established to create control of people. On the other hand, the structure of associations is the result of people acting through consent. It is critical that we distinguish between these two motive forces because there are many goals that can only be fulfilled through consent, and these are often goals that will be impossible to achieve through a production system designed to control.

There are many other unique characteristics of the community of associations:

- The associations in community are interdependent. To weaken one is to weaken all. If the local newspaper closes, the garden club and the township meeting will each diminish as they lose a voice. If the American Legion disbands, several community fundraising events and the maintenance of the ballpark will stop. If the Baptist Church closes, several self-help groups that meet in the basement will be without a home and folks in the old people's home will lose their weekly visitors. The interdependence of associations and the dependence of community upon their work is the vital center of an effective society.
- The community environment is constructed around the recognition of fallibility rather than the ideal. Most institutions, on the other hand, are designed with a vision imagining a structure where things can be done right, a kind of orderly perfection achieved, and the ablest dominate.

  In contrast, community structures tend to proliferate until they create a place for everyone, no matter how fallible. They provide vehicles that give voice to diversity and assume that consensual contribution is the primary value.

  In the proliferation of community associations, there is room for many leaders and the development of leadership capacity among many. This democratic opportunity structure assumes that the best idea is the sum of the knowings of the collected fallible people who are citizens. Indeed, it is the marvel of the democratic ideal that

people of every fallibility are citizens. Effective assocational life incorporates all of those fallibilities and reveals the unique intelligence of community.

- Associations have the capacity to respond quickly. They do not need to involve all of the institutional interests incorporated in a planning committee, budget office, administrative staff, and so forth.

  A primary characteristic of people who need help is that their problem is created by the unexpected tragedy, the surprise development, the sudden change. While they will be able to stabilize over the long run, what they often need is immediate help. The rapid response capacity of associations, and their interconnectedness, allows for the possibility of immediate and comprehensive assistance without first initiating a person into a system from which they may never leave.
- The proliferation and development of community associations allow for the flowering of creative solutions. Institutions tend to require creative ideas to follow channels. However, the nonhierarchical nature of the field of associations allows us to see all of the budding ideas and greatly increases our opportunities for social innovation.
- Because community associations are small, face-to-face groups, the relationship among members is very individualized. They also have the tradition of dealing with non-members as individuals. Institutions, on the other hand, have great difficulty developing programs or activities that recognize the unique characteristics of each individual. Therefore, associations represent unusual tools for creating "handtailored" responses to those who may be in special need or have unique fallibilities.
- Our institutions are constantly reforming and reorganizing themselves in an effort to create or allow relationships that can be characterized as "care." Nonetheless, their ministrations consistently commodify themselves and become a service. For many people with uncommon fallibilities, their need is for care rather than service. While a managed system organized as a structure of control can deliver a service, it cannot deliver care. Care is a special relationship characterized by consent rather than control. Therefore, its auspices are individual and associational. For those who need care, we must recognize the community as the appropriate social tool.
- Finally, associations and the community they create are the forum within which citizenship can be expressed. Institutions by their managed structure are definitionally unable to act as forums for citizenship. Therefore, the vital center of democracy is the community of associations. Any person without access to that forum is effectively denied citizenship. For those people with unique fallibilities who have been institutionalized, it isn't enough that they be deinstitutionalized. In order to be a citizen, they must also have the opportunity for recommunalization.

In summary, the community of associations provides a social tool where consent is the primary motivation, interdependence creates holistic environments, people of all capacities and fallibilities are incorporated, quick responses are possible, creativity is multiplied rather than channeled, individualized responses are characteristic, care is able to replace service, and citizenship is

possible. When all of these unique capacities of community are recognized, it is obvious why the social policy map that excludes community life has resulted in increasing failures. To exclude from our problemsolving capacities the social tool of community is to have taken the heart out of America.

Why is it, then, that social policy maps so often ignore community? One reason is that there are many institutional leaders who simply do not believe in the capacities of communities. They often see communities as collections of parochial, inexpert, uninformed, and biased people. Indeed, there are many leaders of service systems who believe that they are in direct competition with communities for the power to correctly define problems, provide scientific solutions and professional services.

In this competitive understanding, the institutional leaders are correct. Whenever hierarchical systems become more powerful than the community, we see the flow of authority, resources, skills, dollars, legitimacy, and capacities away from communities to service systems. In fact, institutionalized systems grow at the expense of communities. As institutions gain power, communities lose their potency, and the consent of community is replaced by the control of systems; the care of community is replaced by the service of systems; the citizens of community are replaced by the clients and consumers of institutional products.

VISIONS OF SOCIETY

Today, our society is the site of the struggle between community and institution for the capacities and loyalties of our people. This struggle is never carried out in the abstract. Instead, it occurs each day in the relations of people, the budget decisions of systems, and the public portraits of the media. As one observes this struggle, there appear to be three visions of society that dominate the discourse.

The first is the therapeutic vision. This prospect sees the well-being of individuals as growing from an environment composed of professionals and their services. It envisions a world where there is a professional to meet every need, and the fee to secure each professional service is a right. This vision is epigrammatically expressed by those who see the ultimate liberty as "the right to treatment."

The second prospect is the advocacy vision. This approach foresees a world in which labelled people will be in an environment protected by advocates and advocacy groups. It conceives an individual whose world is guarded by legal advocates, support people, selfhelp groups, job developers, and housing locaters. Unlike the therapeutic vision, the advocacy approach conceives a defensive wall of helpers to protect an individual against an alien community. It seeks to insure a person's right to be a functioning individual.

The third approach is the community vision. It sees the goal as "recommunalization" of exiled and labelled individuals. It understands the community as the basic context for enabling people to contribute their gifts. It sees community associations as contexts to create and locate jobs, provide

opportunities for recreation and multiple friendships, and to become the political defender of the right of labelled people to be free from exile.

Those who seek to institute the community vision believe that beyond therapy and advocacy is the constellation of community associations. They see a society where those who were once labelled, exiled, treated, counseled, advised, and protected are, instead, incorporated in community where their contributions, capacities, gifts, and fallibilities will allow a network of relationships involving work, recreation, friendship, support, and the political power of being a citizen.

Because so many labelled people have been exiled to a world expressing the professional and advocacy vision of an appropriate life, the community vision has frequently been forgotten. How will people know when they are in community? Our studies suggest that this universe is distinctive and distinguished from the environment of systems and institutions. The community experience incorporates a number of strands.

Capacity. We all remember the childhood question regarding how to describe a glass with water to its midpoint. Is it half full or half empty? Community associations are built upon the recognition of the fullness of each member because it is the sum of their capacities that represents the power of the group. The social policy map makers, on the other hand, build a world based upon the emptiness of each of us—a model based upon deficiency. Communities depend upon capacities. Systems commodify deficiencies.

Collective Effort. It is obvious that the essence of community is people working together. One of the characteristics of this community work is shared responsibility that requires many talents. Thus, a person who has been labelled deficient can find a "hammock" of support in the collective capacities of a community that can shape itself to the unique character of each person. This collective process contrasts with the individualistic approach of the therapeutic professional and the rigidity of institutions that demand that people shape themselves to the needs of the system.

Informality. Associational life in the community is a critical element of the informal economy. Here transactions of value take place without money, advertising, or hype. Authentic relationships are possible, and care emerges in place of its packaged imitation: service.

The informality of community is also expressed through relationships that are not managed. Communities viewed by those who only understand managed experiences and relationships appear to be disordered, messy, and inefficient. What these people fail to understand is that there is a hidden order to community groups that is determined by the need to incorporate capacity and fallibility.

While institutions and professionals war against human fallibility by trying to replace it, cure it, or disregard it, communities are proliferations of associations that multiply until they incorporate both the capacities and the fallibilities of citizens. It is for this reason that labelled people are not out of place in community because they all have capacities and only their fallibilities are unusual.

However, because there are so many community associations, there are always some sets of associational relationships that can incorporate their fallibilities and use their unique gifts.

Stories. In universities, people know through studies. In businesses and bureaucracies, people know by reports. In communities, people know by stories. These community stories allow people to reach back into their common history and their individual experience for knowledge about truth and direction for the future.

Professionals and institutions often threaten the stories of community by urging community people to count up things, rather than communicate. Successful community associations resist efforts to impose the foreign language of studies and reports because it is a tongue that ignores their own capacities and insights. Whenever communities come to believe that their common knowledge is illegitimate, they lose their power and professionals and systems rapidly invade their social place.

Celebration. Community groups constantly incorporate celebrations, parties, and social events in their activities. The line between work and play is blurred and the human nature of every-day life becomes part of the way of work. You will know that you are in community if you often hear laughter and singing. You will know you are in an institution, corporation, or bureaucracy if you hear the silence of long halls and reasoned meetings. Associations in community celebrate because they work by consent and have the luxury of allowing joyfulness to join them in their endeavors.

Tragedy. The surest indication of the experience of community is the explicit common knowledge of tragedy, death, and suffering. The managed, ordered, technical vision embodied in professional and institutional systems leaves no space for tragedy; they are basically methods for production. Indeed, they are designed to deny the central dilemmas of life. Therefore, our managed systems gladly give communities the real dilemmas of the human condition. There is no competition here. To be in community is to be an active part of associations and self-help groups. To be in community is to be a part of ritual, lamentation, and celebration of our fallibility.

Knowing community is not an abstract understanding. Rather, it is what we each know about all of us.

As we think about ourselves, our community and institutions, many of us recognize that we have been degraded because our roles as citizens and our communities have been traded in for the right to clienthood and consumer status. Many of us have come to recognize that as we exiled our fallible neighbors to the control of managers, therapists, and technicians, we lost much of our power to be the vital center of society. We forgot about the capacity of every single one of us to do good work and, instead, made some of us into the objects of good works—servants of those who serve.

As we think about our community life, we recognize that something has happened to many of us as institutions have grown in power: we have become too impotent to be called real citizens and too disconnected to be effective members of community.

There is a mistaken notion that our society has a problem in terms of effective human services. Our essential problem is weak communities. While we have reached the limits of institutional problem solving, we are only at the beginning of exploring the possibility of a new vision for community. It is a vision of regeneration. It is a vision of reassociating the exiled. It is a vision of freeing ourselves from service and advocacy. It is a vision of centering our lives in community.

We all know that community must be the center of our life because it is only in community that we can be citizens. It is only in community that we can find care. It is only in community that we can hear people singing. And if you, listen carefully, you can hear the words: "I care for you, because you are mine, and I am yours."