Am J Community Psychol (2009) 43:134–148
DOI 10.1007/s10464-008-9222-8

ORIGINAL PAPER

Participatory Organizational Change in Community-Based Health and Human Services: From Tokenism to Political Engagement

Kimberly D. Bess · Isaac Prilleltensky · Douglas D. Perkins · Leslie V. Collins

Published online: 14 January 2009

Abstract Community psychologists have long worked with community-based human service organizations to build participatory processes. These efforts largely aim at building participatory practices within the current individual-wellness paradigm of human services. To address collective wellness, human service organizations need to challenge their current paradigm, attend to the social justice needs of community, and engage community participation in a new way, and in doing so become more openly political. We use qualitative interviews, focus groups, organizational documents, and participant observation to present a comparative case study of two organizations involved in such a process through an action research project aimed at transforming the organizations' managerial and practice paradigm from one based on first-order, ameliorative change to one that promotes second-order, transformative change via strength-based approaches, primary prevention, empowerment and participation, and focuses on changing community conditions. Four participatory tensions or dialectics are discussed: passive versus active participation, partners versus clients, surplus powerlessness versus collective efficacy, and reflection/learning versus action/doing.

Keywords Health and human service organizations · Community-based organizations · Nonprofit organizations · Second-order change · Participation · Power · Action-research

K. D. Bess (✉)
Department of Human and Organizational Development, Peabody College of Vanderbilt University, Peabody # 90, 230 Appleton Place, Nashville, TN 37203-5721, USA
e-mail: kimberly.d.bess@vanderbilt.edu

I. Prilleltensky
University of Miami School of Education, P.O. Box 248065, Coral Gables, FL 33124-2040, USA
e-mail: isaacp@miami.edu

D. D. Perkins · L. V. Collins
Department of Human and Organizational Development, Peabody College of Vanderbilt University, Peabody # 90, 230 Appleton Place, Nashville, TN 37203-5721, USA
e-mail: douglas.d.perkins@vanderbilt.edu

L. V. Collins
e-mail: leslie.v.collins@vanderbilt.edu

Introduction

For decades community psychologists have worked with community-based organizations on building participatory processes involving community members or recipients of services (e.g., Balcazar et al. 2001; Perkins et al. 1996; Roose and De Bie 2003; Yeich 1996), in self-help groups (e.g., Nelson et al. 1998; Zimmerman et al. 1991), through board membership (e.g., Bond and Keys 1993), and in coalitions advocating for improved community conditions or better services (e.g., Couto 1998; Speer and Zippay 2005). As an inclusive and equalizing activity, participation holds intrinsic value for the discipline (Nelson et al. 2001). It has also been understood as instrumental in furthering social justice aims (Fondacaro and Weinberg 2002; Prilleltensky and Nelson 1997). Participatory approaches are central to advancing community psychology's empowerment agenda by seeking to challenge existing power hierarchies, privileging local knowledge, building on the strengths and gifts each member brings to the table, and shifting the dynamics of existing role relationships from professional-client to equal participants (Coenen 1998; Rappaport 1981; Perkins 1995; Saegert and Winkel

1996; Yeich and Levine 1992; Zimmerman 2000; Zimmerman and Rappaport 1988). Participatory practices enhance procedural justice when used to create contexts in which community members have voice and choice in making decisions about how to pursue the community's interests (Fondacaro and Weinberg 2002). Likewise, participatory practices have been seen as central to promoting distributive justice through community participation in collective action (Nelson et al. 1998; Prilleltensky 2001; Prilleltensky and Nelson 1997). Participation in this context becomes political as participants work to change policies that maintain oppressive conditions in low-income communities, to create better community living conditions (e.g., improved physical environment, safety etc.), and to generate greater access to resources that promote collective wellness (e.g., fresh foods, economic opportunities, education; Davidson and Cotter 1989; Montero 1997).

Based on these values, community psychologists have also focused on workplace settings as important contexts for promoting community wellness through participatory practices (Boyd and Angelique 2002; Bond 1999; Evans et al. 2007; Foster-Fishman and Keys 1997; Keys and Frank 1987; Perkins et al. 2007; Shinn and Perkins 2000). Research suggests that greater employee involvement in organizational decision-making processes and participation in decisions that directly affect an employee's own work contribute to individual health and well-being as well as increased organizational effectiveness (Marsick and Watkins 1998). Participation among employees is linked to increased empowerment among employees, satisfaction, and individual and organizational learning (Argyris and Schön 1978; Levitt and March 1988; Senge 1990).

Despite the well-known benefits that participatory practices can yield, our ongoing fieldwork and research with community-based health and human service organizations (HHSOs) suggests that more-than-tokenistic participatory practices as described above are not widespread. In our experience, participation as a value that promotes social justice, empowerment, and organizational effectiveness has deep appeal for both human service leaders and staff; however, a number of factors within the context of human services make it challenging for members to implement participatory practices or to achieve increased participation as an end goal of human service work. Our aim in this paper is to examine these contextual challenges and particularly to attend to the complexities that arise in the face of competing goals and values. We do this from three perspectives. In Part 1, we discuss the ways in which institutional norms, values, and beliefs promote structures and processes within human services that constrain participatory practices at the organizational level. These widely shared norms, values, and beliefs form visible patterns of behavior in the field of health and human services that we call the *ameliorative paradigm* following Prilleltensky (2005). In Part 2, we move from the general to the specific context of two human service organizations involved in an action research project, a central aim of which is to promote participation as a process and an outcome. Here we examine the challenges members face as they attempt to build participatory practices within their organizations and with clients and community members. We explore the nature and meanings of participation and identify four key tensions that arise. Finally in Part 3, we critically reflect on our own practice as action researchers and community psychologists as we try to enact our values of participation and empowerment in our work with human service organizations.

Part 1: The Impact of the Ameliorative Paradigm on Organizational Culture, Structures, and Practices

Central to the ameliorative paradigm is the belief that by identifying and treating the problems of individuals and families through programs and services, community health will improve (Prilleltensky 2005). This belief reflects the value Western cultures place on individualism, self-determination, and individual responsibility. In HHSOs, participation is an emerging or secondary value and operates within a context in which helping, serving and caring for individuals are understood as the primary values. It is our contention that under these conditions, participatory practices can and often do enhance personal and relational wellness of those individuals involved, but have had little impact on collective wellness or furthering social justice aims in the community. Examples of participatory practices include client or community member participation in programs (e.g., parenting classes), in events sponsored by HHSOs (e.g., health fairs), at planning meetings, or on advisory boards. It has been argued that failing to address collective wellness by identifying and improving conditions in the community ultimately undermines the modest gains in personal and relational wellness made by treating individuals (Nelson et al. 2001). A central aim of our work is to envision through a collaborative process with human service organizations new ways of building participatory practices—both within their organizations and with community members—that advance collective needs.

The ameliorative paradigm both shapes the nature of participatory practices in HHSO contexts and also influences the extent to which participation as a value penetrates the culture and practices of HHSOs. A central way in which the current paradigm influences participatory practices is through patterns of established role relationships that emerge from the paradigm's dominant values and beliefs. These patterns can be seen as stemming

historically from the role human service professionals have adopted: procuring resources (e.g., food, clothing, medical and mental health care, employment and training, child-care), and developing evermore sophisticated systems to deliver these resources as services. For those engaged in the current system, there are mutual benefits for personal and relational wellness that grow out of the dominant values of helping, caring, and serving. The relationship between service providers and clients has become symbiotic, stable, and mutually reinforcing with expectations on both sides (McKnight 1995). For those who work in HHSOs, the great personal meaning they find in the acts of helping, caring, and giving becomes a primary source of motivation and contributes to relational wellness. Likewise, clients or service recipients depend on professionals for their own well-being and survival because the systems created to provide relief to the poor are complex, and trained professionals are a resource that clients use to navigate these systems. Problems emerge, however, when professionals unwittingly foster dependence and suppress meaningful participation of citizens in the problem solving enterprise. This is a common pattern. A professional offers help, a client is defined as service recipient instead of citizen, and civic participation declines as dependence on experts goes up.

A second way in which the current paradigm influences participatory practices is through the core belief that community change is predicated on the cumulative effects of individual change. In keeping with this belief, human service organizations are structured to address problems faced by poor communities through individual interventions or services. Organizational activities then become much more focused on enlisting individual participation for the purpose of individual behavior change as opposed to systemic change. The building of collective participation for the purpose of community change is rarely found within HHSOs, unless it is collective action or advocacy efforts for more or better services.

A third way the current paradigm influences participatory practices is through the values and agendas of funding agencies (i.e., what gets funded) and the structures imposed by funders (e.g. roles, methods, outcome aims). As HHSOs are dependent on federal, state, local, and private funding sources, they often have little flexibility in how they structure programs and services or use employees' time. Staff member salaries and positions are often tied to specific programs and jobs. Although there may be some room for participatory practices if they align with program guidelines, it is difficult for organizations to support positions that would engage community participation in a new way, such as a community organizer, unless the position was linked to a specific program or new funding sources became available for such positions. Program methods may also be predetermined by funding agencies (e.g., literacy programs) and activities may be outcome driven. In this way, local capacity to innovate or tailor programs to contextual realities is heavily constrained. As a result, staff member participation in designing and creating programs is often limited, not to mention wider program participant involvement.

A final way the current paradigm influences participatory practices is through the ongoing demands of funders as well as federal, state, and local regulatory agencies. HHSOs report that they are increasingly required to do more for less. The time demanded of organizations to apply for and maintain funding often minimizes the benefits organizations and community members see from the resources received. Based on time and resource demands, organizations often must make strategic choices about programming based on whether methods will yield short-term outcomes that are easily quantifiable and reportable. Similarly the regulatory environment (e.g., privacy laws, policies and procedures of programs involving minors) set up to protect clients and recipients of services also taxes the scarce resources of HHSOs and reduces incentives for implementing participatory practices.

Our aim in this paper is to document factors that facilitate or inhibit meaningful participation of staff and community members in the promotion of personal, relational, and collective well-being of workers and citizens alike. In Part 2, we turn to the specific cases of two organizations involved in the New SPECs Action Research Project aimed at promoting strength-based practices, prevention, empowerment, and community condition change (SPEC). We draw upon these data to explore four tensions that arose during the course of the project when the values of participation and empowerment met the values of helping, caring, and serving.

Part 2: Challenges of Enacting Participation as a Value: The Case of *New SPECS,* an Action Research Project

The New SPECs action-research project, a 2 year collaborative effort that began in 2004, was aimed at promoting collective wellness by challenging human service organizations to focus more centrally on social justice issues in the communities they serve. In this project four HHSOs, a local human service funding agency, and a team of action researchers from a local university joined together and worked as organizational transformation teams (or "T-teams") in a process of envisioning a new paradigm for human services based on practices that emphasize strengths as opposed to deficits, prevention instead of treatment, empowerment and participation as opposed to detached services, and changing community conditions instead of

changing exclusively individuals. The project was not initiated as a *pure* participatory action research project. Rather, it was conceived as an action research project, a centerpiece of which was promoting participation. Like many projects, funding depended on a clearly outlined project design in which broader project goals, outcomes, and activities were predefined. Although these parameters around the promotion of SPEC principles were predetermined, it was each T-team's responsibility to establish its own course of action and to develop plans, initiate activities, and evaluate progress toward incorporating SPEC principles in each organization's practice. In addition to these activities, the university team took the lead on the larger task of studying and evaluating change processes and change outcomes for the project as a whole. Periodically during this process, the research team met with T-teams and leaders to present and discuss data and to work together to make changes or shift research priorities to better meet the needs of participants. The data that are presented within the context of the four tensions are drawn from this larger research effort and focus on the experiences of two organizations, Healthy City and MLK Community Center.

Methods

In the present study, we explore what happens when community psychologists try to implement the values of participation and empowerment with HHSOs and community members. Using key-informant interviews, focus groups, documents (e.g., meeting notes, agendas, other materials), and participant observation as data sources, we analyze how these challenges have played out in two participating organizations. We found that organizational participants were much more supportive of, and engaged and interested in, the collection and reporting of these qualitative data sources than the more objective surveys we also conducted (Hanlin et al. in press).

Settings

The population of interest for this study is the field of human services and, more specifically, nonprofit community-based organizations that provide social and health services to low-income individuals and families living in impoverished, urban communities. We use a qualitative, comparative case study approach. The sample consists of two of the five non-profit human service organizations in the New SPECs Project. Both organizations hold prominent positions as local leaders in their fields.

We chose these organizations as exemplars for this paper because their experiences illustrate (1) the common challenges that occur as each tries to take on the value of participation in a new way and attempts to enact the value through new practices and (2) the complexities that arise from the unique configurations of each organization. Although some of the challenges faced by these organizations stem from the particularities of their organizational cultures and history, most should not be interpreted as idiosyncratic. Rather they should be understood in context as reflecting deeper tensions related to a dialectical process in which the paradigm that dominates HHSOs is being challenged directly by promoting participation as a primary value in HHSO practice.

These organizations share the experience of increasing numbers of community members seeking their assistance and shrinking sources of funding to address these growing community needs. They have both committed to be part of a planned organizational change process in which they are challenging their current beliefs, values, and practices about how to accomplish their community change goals. (It is not altogether clear how much these goals are shared by the communities served or even how clear, explicit, and shared the goals were within the organizations, which ultimately became a major challenge of change and of our project.) The organizations differ, however, in key ways that should enhance the comparative quality of the study.

The first, MLK Community Center, has a century-long history in the community as a faith-based charity organization dedicated to providing basic services to the needy and programs to promote education and human development. For the past 5 years its home has been in the midst of a large public housing community, and it is seen as a lifeline for many local residents and surrounding neighbors. With a staff of over 60 members, the organization runs a food bank and meal service as well as preschool, after-school, and summer youth education and recreation programs, GED, and job placement and training programs. It also hosts community events throughout the year ranging from movie nights to health fairs.

The second, Healthy City, is a community-based organization dedicated to providing healthcare services to low income and uninsured community residents. Founded in 1976 as a grassroots organization aimed at providing pediatric health services, the organization grew out of the civil rights era and the recognition of the right of low-income women to have access to health care for their children. It has expanded its reach serving the community with one main clinic and several satellite locations all in public housing or low-income neighborhoods. With over 70 staff members, Healthy City offers comprehensive health services including prenatal care and pregnancy prevention, maternal/infant care, mental health services, dentistry, health education, and an outreach program for at-risk teens. It is also engaged in multiple partnerships with other local and national organizations with the aim of

building coalitions that address problems (e.g., infant mortality, diabetes, etc.) that particularly plague low-income communities.

The various stakeholders in the collaborative project included the managers, staff, board, and volunteers of each organization, their service clients and the communities in which each organization operates, the local funding agency that provided partial support to each organization and also funded the study, and our own research team of faculty and students. Exactly who was our own "client" was a somewhat more ambiguous question. The local funding agency that provided the research grant—in particular, its Executive Director who believed strongly in the project and its proposed paradigm shift—was the ultimate client. However, the research team also operated as consultants to, and facilitators of, an organizational change team-building process and those T-teams were also seen as equally important clients.

Recruitment Procedures

At the onset of this project, every staff member from each organization received a letter or email outlining the purpose of the project, detailing the requirements of participation, and soliciting individual participation. The research team made presentations to each of the organizations explaining the project, provided time during the meeting for questions, and provided contact information for further inquiries. Consent forms were then made available. As an organization-wide study, no one group has been targeted or excluded. Participant involvement in providing data has varied depending on the type of data collected.

Approximately 1 year into the project, focus groups were formed by workgroups and programs in each organization as determined by the leaders of each organization. Everyone who works on each team was invited to participate in their focus group. MLK Center had four groups and Healthy City had six. Each focus group had between three and 10 participants.

Approximately 18 months into the project, we began in-depth interviews based on an initial convenience sample of five key informants who occupy different organizational roles (e.g., upper-manager, manager, and frontline staff member) and different departments. A snowball sampling procedure was then employed in which each interviewee was asked to nominate two other individuals in the organization who might hold different perspectives. The goal was to obtain a sample representing diverse organizational perspectives.

Sources of Data and Procedures

This study was grounded in an action research methodology in which the focus of study was individual and organizational responses to a participatory change process. Project partners were invited to participate and influence the study's methods and design. For example, focus group and interview questions were informed by themes identified by participants. The data collected were fed back to organizational members and interpretations checked by members. Further, in weekly reflection meetings, the research team discussed each organization's process bringing theories and our own experiences to bear on our understanding of the change process. This activity served as a check on emergent interpretations of events.

Although the New SPECs project employed a mixed-methods, comparative case study design, including a primarily closed-ended organizational member survey, the present paper is based on qualitative data from in-depth interviews, focus groups, and participant observations gathered, coded and analyzed using NVIVO content analysis software. Data were analyzed using three types of coding processes—open, axial, and selective—based on Strauss and Corbin's (1998) techniques for developing grounded theory. Based on the themes that emerged from this process, a coding framework was established. In addition to emergent categories, we also included categories of theoretical interest in the coding framework such as change, values, power, participation, ameliorative paradigm, and SPEC principles. The analysis of focus groups and staff surveys (not used for the present paper) were presented in summary form to, and discussed and reflected upon with, the organizational change teams and director of each organization.

Focus Groups and Interviews

Focus group and interview questions were designed to probe both individual and shared (converging as well as diverging) narratives among members, including issues of: (1) identity and values through questions relating to choice of work setting, understandings of the role of human service organizations in the community, (2) experience and content of change generally and specifically related to SPEC through questions relating to changes in how members think about their practice, changes in their practice, changes in the organization, and the effects of change, (3) their perceptions of the need for change; (4) experience of empowerment and power in relation to change.

Participant Observations and Organizational Artifacts

Over the course of the study, we attended well over 100 meetings and events related to the project and have taken field notes related to meeting process and content. During this time, organizational artifacts such as meeting agendas, team products, program related information, organizational

promotional materials, and project related correspondence were collected. The observational data and organizational events were processed and interpreted through weekly research team reflection meetings. The analysis of focus groups and staff surveys (not used for the present paper) were presented in summary form to, and discussed and reflected upon with, the organizational change teams and director of each organization.

Between the Is and the Ought of Participation: Four Key Tensions

From the outset, the organizations who joined the project committed to pursuing the core values of power-sharing, ownership, and participation, and identified increased participation of community members as a key outcome they hoped to achieve through the project. Initial meetings were spent working to develop shared meanings around these values, and these were reflected in project documents that were distributed to team members. Yet despite the initial agreements made in good faith, participation and engagement was an ongoing challenge for the project both in terms of staff member participation in the process and in terms of building an agenda that pursued the larger goal of staff member and community participation as an outcome. Attending carefully to dilemmas can reveal the dialectical nature of participation and empowerment (Perkins 1995) and as action researchers we faced numerous tensions as we encountered, and tried to make sense of, the complex contextual influences on participation. Four tensions demonstrate the extent to which project members' own participation in the process was conflicted. Through the following tensions we describe both the nature of project members' participation as well as the structural and cultural factors that constrained it.

Tension 1: Passive versus Active Participation

We understand the first tension between more tokenistic or passive participation versus active and ultimately political participation as the behavioral manifestation of the three tensions that will be described in more detail below. We observed this tension mainly as a struggle between active versus passive participation in which passive participation among members dominated. Passive participation played out in two distinct patterns as either relatively cooperative or resistant. The patterns that we observed are consistent with the three types of participation—citizen power (citizen control, delegated power, participation), tokenism (placation, consultation, informing), and non-participation (therapy, manipulation)—that Arnstein (1969, as cited in Wolff and Associates 2006) outlines in the ladder of participation. Although Arnstein's work refers to participation in a broader community and societal context, the patterns are similar in that the move from tokenism to citizen power implies an equalizing of power relations and the move from non-participation to tokenism signifies a shift from powerlessness to engagement. The three patterns that we have observed are as follows.

Active

Although this was the goal, we observed very few examples of this type of participation in these two organizations—at least in a sustained form. Those few active participants (mainly organizational leaders) were committed to the idea of participation as *citizen power* both within their respective organizations and with community members. Through their actions they consistently promoted collaborative decision-making, project ownership, and sought ways to include those with the least voice. They were committed to pursuing the SPEC philosophy in their organization and took initiative to advance project aims. They viewed themselves as agents of change and political actors in pursuit of social justice.

Passive

These were, by-and-large, willing and engaged participants in the process. They openly discussed their experiences of dissonance but were not fully committed to change. They valued participation in theory but may not have had any or much experience with participatory processes in which many different stakeholders come to the table as partners. For staff, transcending the professional-client relationship in the context of the project was difficult. They sought participation of community members as a desired outcome but felt limited in their capacity to achieve this goal. They saw their own participation as ultimately more work, not more voice. The few community members involved in the project were valued project members but did not view themselves as central actors or agents of change. Passive or tokenistic participation characterized most members in the MLK Community Center project team and many in Healthy City as well.

Passive-Resistant

Some individuals who participated in a passive resistant way were deeply embedded in the current paradigm and believed that more of the same was the best or only path to community change. These individuals saw their work as saving those who wanted to be saved. Other project members felt powerless, and although they were present during project meetings, they were non-participants. Passive-resistant project members participated either because

it was required, or because they felt that their interests might be threatened if they did not participate. They paid lip service to the value of participation, but there was no evidence in their actions that they valued participatory processes or sought participation as an outcome in community. In the project team some subverted participation of others through their own non-participation, intimidation, or shutting down communication between members. This type of participation characterizes some members of Healthy City Project Team and is similar to Arnstein's non-participation.

Tension 2: Partners versus Clients

A central piece of the New SPECs project was to promote participation through building collaborative partnerships. The initial establishment of a partnership between our team and the two case study organizations was a relatively smooth process. What was far more challenging for participants was to take the values inherent in partnering (e.g., power-sharing, collaborative decision-making, equal voice and choice) and put them into practice by expanding these initial partnerships to include community members and other stakeholders. Both Healthy City and MLK had experience working in partnership with other organizations but did not have an ongoing practice of collaborating with the community members they served. This became a clear challenge for staff and community members as they worked to form a more complex set of role relations that included the idea of clients being partners. In other words, within the context of the project it was imperative that both groups over time view community members more as partners and less as clients. The risk of not doing so was that community members whose participation was initially more passive or tokenistic (i.e., attending project meetings as invited guests) might move in the direction of non-participation (where they assumed only the role of client or dropped out of the project) instead of toward political or active participation.

From the outset our two case study organizations approached the question of community participation with different goals in mind. Healthy City initially put together a small T-team mainly composed of social work staff members and intended ultimately to bring in community members as project goals became clearer. But in the end, they only did so in a very limited way in which community members were brought in to consult and provide information—not as partners. MLK took a much bolder approach inviting local residents, staff from key partner agencies, MLK staff members representing different departments and levels, and board members to participate from the beginning reflecting a commitment to inclusive practices. It was difficult to overcome the power of role relationships between members that existed outside the project boundaries, even though project members recognized this ongoing tension and took steps to work through it. One staff member's reflections capture the ongoing dilemma.

> …participation in decision making by community residents… What does that mean, and how does it happen? …I was really intrigued…about our first run at inviting community members to our table when we hadn't decided what it was that we were going to do. And the question became if it's really about bringing them to the table, then do we design that work around them and their input? And what is our capacity to do that? And what happened is we found out that's really not our capacity. So then we find ourselves where we are now, which is we're going to decide what we're going to do, and then we're going to put it out there for them to engage with us in the way that they can based on how we can accept it.

In declaring "that's not our capacity" she is referring to the underlying challenge staff members face in committing to a different kind of relationship with community members and reveals a broader issue that the project itself has become a context in which both structural dynamics of the ameliorative paradigm and particular organizational dynamics have emerged.

The particular tension that we have observed is between the model embedded in the ameliorative paradigm based on dominant-subordinate relationships and a collaborative partnership model upon which the project is based. In relationships between staff members within the organization and in relationships between staff and community members, the data suggest that the dominant-subordinate role structure is being played out in service provider/recipient, professional/client, parent/child, and teacher/student relationships. For individuals in the system, participation is bounded by role expectations and filtered through the primary values of helping, sharing, and serving.

The relationship dynamics can be seen more generally as embedded in each organization's culture through language and practices. For example, in interviews and focus groups, staff members rarely use the term partner to frame relationships with community members and few among them articulate their work in terms of co-learning or co-creating of knowledge with each other or with community partners. In Healthy City the term "patient" was almost universally used in focus groups and interviews to describe relationships with community members even though the organization has services that go beyond traditional healthcare. The term "patient" is the least empowering and most limiting of the relational terms used in that the power differential implied between the role of patient and service

provider is greatest, and reflects an understanding of health and well-being as the absence of the need for treatment and of suffering. Yet, at Healthy City the greatest challenge to participation did not involve community members but rather was related to the internal power dynamics between members. Attempts by the Healthy City to articulate and visualize changes in staff/client relationships were hampered by the pervasive feelings among staff of isolation and powerlessness. We discuss this further in the tension regarding surplus powerlessness.

The MLK Community Center data suggest a more complex set of role relationships in which staff were striving to empower community members but were unable to overcome the challenges of the dominate-subordinate language or practices embedded in the ameliorative paradigm. Following recent trends in the field, staff members have begun to use the term *customer* implying a more contractual relationship between independent agents, yet often they reverted to calling community members clients, reflecting a relationship between dependent and patron, which in some ways is a more accurate portrayal. Staff members however seemed most comfortable when using familial language such as *our families*, *our parents*, *our kids*, or simply *people*—to describe their relationships. The preference for framing actual relationships in familial terms over less personal terms (e.g., client or customer) suggests a discomfort with openly power-laden language, reflects the organization's values of caring and acceptance, and is consistent with the parental role MLK plays as an authority in the community. One staff member summed it up as follows.

> MLK (is) like another parent. And when (their children) act out in school, (parents) don't come over and say, "I'm on my way." They come way up here, get the staff who they're close with and take them to the school with them… I did that once. But, yeah, they do. They feel like MLK is home.

The challenge MLK faces in navigating new role relationships can be seen in how participatory practices are implemented and understood by staff. What we see is not a partnership forming but an alteration of who occupies the dominant role. In describing participatory practices in the youth program, a staff member explains.

> I pretty much let the kids decide the kind of the nature, just the atmosphere, (and) the culture of the classroom. As much power as they can give it as far as what they're going to be able to do, what goes down, what doesn't go down, the direction we go in, they pretty much set that by themselves. I know that's the case of our classroom. They are customers… and they're basically telling us, and we just kind of listen and say, 'All right, this is what you guys are doing. This is what we're going to do.

In describing youth as *customers* the staff is symbolically effecting a shift in the framing of traditional youth-staff relationships as a way of promoting participation and empowerment, but later in the same discussion around the program's mission, they revert to a world view consistent with the ameliorative paradigm when they use the term "renorming" to describe how staff members understand their role with youth in their program. So although participation is understood to be a value for developing individual voice and choice, it is done within the larger framework of a human service relationships in which practices traditionally act on instead of with community.

In both organizations patterns of role relationships are maintained and controlled within the system and play out both benevolently (e.g., parent-child, giver-receiver), but also on occasion as authoritarian, and in this case, the experience of those in the subordinate position is of oppression. Like Healthy City, role relationships at MLK oscillate between dominant and subordinate; however, at MLK there is a more developed ongoing practice of empowering individuals through role opportunities. For both organizations, viewing community members as partners is a possibility; however it is extremely challenging. What we have seen is an ongoing struggle to define what partnership might look like in the context of HHSOs. At MLK, staff members articulated the dissonance they experienced in their roles and the following passage of one leader suggests the beginning of an alternative framing that is intended to subvert dominant-subordinate patterns of role relationships but continues to honor the values of caring and helping.

> We do talk about transformation. For me I really see that that is the process of what happens here, that people come, we accept them where they are, and that their process may take a very short time or it may last for years. And then I would say that my vision or my hope is that (person's)…relationship to us changes. They are no longer needy in the sense—I mean, they may need things but in their own minds they now come as a friend. Hannah Dalton brought up her grands to show us the other day… (Her) children…started here and they've gone through, and she brings their report cards. And she brings pictures of them when they go to prom or cheerleading, and now she's bringing up the newest member of the family. That's an entirely different relationship. Yes, she may still come for a food box, but that is secondary to the relationship that we have with her. And we go to her if we really need someone to talk about with; is that something you feel like you'd be able to do? "Sure,

sure, I can do that." So it comes about in the sense that (it's) not all about what we're doing for them."

Tension 3: Surplus Powerlessness versus Collective Efficacy

This tension relates to pervasive powerlessness, particularly in Healthy City, that characterized staff members' relationship to their own agency in effecting change in their organization and in the community. In our analysis surplus powerlessness (Lerner 1991) is linked to members' perception and experiences of power as a zero sum game, their fear of reprisals, role overload and energy depletion, and skill limitations. Each of these had an effect on the way that staff participated in the project and ultimately put at risk collective efficacy.

The most explicit form of powerlessness within Healthy City was the feeling of isolation and exclusion by staff members and viewing power as a "zero-sum" game (Craig and Craig 1979). At Healthy City relations among staff were invariably portrayed as us (i.e. the powerless staff) and them (i.e., the powerful leadership). This culture of "dominate" or "be dominated" left little ground for building collaboration even among staff members. Members tended to view themselves as independent agents trying to survive. Staff consistently spoke of those in dominant positions as having failed to fulfill role expectations and provide caring or positive reinforcement to subordinates. In a focus group discussion, staff members describe the ongoing violation of values. When the facilitator asks, "Imagine that you could have a heart-to-heart talk with your managers. What would you tell them?" They respond.

Staff member 1	They don't have hearts
Staff Member 2	They're going to look at you like this and say, "Okay, we hear what you're saying." They're going to say, "We hear what you're saying, but…"
Staff Member 3	If you don't like the job…
Staff Member 2	That's what it'll come down to
Staff Member 1	There's no heart-to-heart. Hearts of stone

Perhaps the strongest manifestation of the zero-sum view of power resided in the relationship between leadership and staff. In both organizations, it was very hard to entertain new ways to share power. Both parties contributed to this outcome. Leadership was ambivalent about how much power to share, and staff members were ambivalent about how much power they wanted.

The data suggest that fear of reprisal can also give way to surplus powerlessness—that is, a sense of powerlessness that is beyond actual or potential untoward repercussions for the participants. Due to fear of reprisal, it is likely that participants assumed a posture of powerlessness that prevented them from taking even minimal risks or participating fully in the process by offering their honest feedback or opinions.

In both organizations, there was a fear that participating too strongly and openly could jeopardize their job security. In Healthy City, focus group sessions were full of stories about employees who spoke out and would mysteriously disappear from the scene. This tension was also talked about in MLK, particularly with the support staff focus group. This tension raises the question of how to promote responsibility without moving into victim blaming and how to challenge individuals to find the change agent within them.

Additionally, there was a discernable fear of reprisal for not participating, as well as for participating too much. In the former case, staff members of the organizations dutifully reported to meetings lest they would be reprimanded for not participating in the New SPECs project. In the latter case, some self-censoring occurred due to fear of "opening your mouth" too much and antagonizing senior leadership. This fear positions staff members as vulnerable and subject to concrete or intangible negative repercussions. When the leadership of Healthy Cities stopped attending the T-team meetings, team members began to feel comfortable giving their opinions and participating in significant ways. The fear of reprisals was alleviated and group members began the process of moving from powerless to empowered. Yet, because of the structural power dynamics that were playing out in the organization, members attempts to move beyond tokenistic participation were thwarted and many ultimately became non-participants.

A third contribution to surplus powerlessness was role overload. This is not uncommon in the context of HHSO's and was visibly manifested in staff members' energy level. We observed this phenomenon in the MLK staff, where staff members felt overwhelmed not only with the work that they were doing but also the volume of work left to do within the community. They felt powerless simply because they did not have the energy to take on another "project". When provided with a forum to express and examine these feelings, the staff became energized and began to find ways to work within the community in more political ways.

Capacity and skills to engage in a participatory process constitutes the final contribution to surplus powerlessness. It is hard to learn how to participate with others in a symphony of voices, as opposed to solo performances. We witnessed a lot of soloists, but very few symphonists. Lack of skill, in our view, accounts in part for this phenomenon. It is not just a matter of perception and beliefs, but also

capacity and learning. It takes a great deal of sensitivity and training to know how to build on other people's views, and how to synthesize somebody else's voices with our own. In Healthy City, where members tended to work very independently and had a very clear sense of what was and was not within their job description, collaboration toward collective ends was not part of the culture. Although members articulated a strong desire to build a stronger sense of community within their organization, they felt powerless to do so.

Tension 4: Reflection/Learning versus Action/Doing

Freire (1970) describes the interaction between action, reflection and learning as an iterative, interactive and ongoing process in which reflection and action not only inform one another, but they rely on each other to develop active participation. Reflection without action becomes stagnation. Conversely, action without reflection becomes action for action's sake. Both lead to the risk of tokenistic participation.

In the New Specs Project, team members struggled with building participatory processes, preferring to move quickly to action. Within HHSOs collective reflection and learning processes are not widely understood as participatory practices in which beliefs and assumptions can be challenged and explored. Furthermore, it is not understood how these practices, in turn, can lead to building shared values and goals. Healthy City's project team described the organization as one that values action over reflection. Staff members defined the organization as one that "puts out fires"—being action oriented was understood as imperative. One staff member said, "We don't sit around talking about what to do. We just do it…We're social workers. We don't plan, we do." This perspective in which collective reflection holds little value is pervasive within Healthy City's culture. In an effort to avert crises, the organization's employees feel as though they must act. Additionally, HHSOs feel pressure to maintain funding to "keep the doors open." Since donors fund action not process, reflection is seen as risky and costly. However, engaging in a participatory reflective process could reveal greater risks as well as the cost of continuing to rush to action. Many staff members are not cognizant of the detrimental effects of acting without a clear sense of their own values and agenda within the community. Summer projects sponsored by each organization's T-team highlight this ongoing struggle and the costs associated with not creating a reflective environment. University team members advocated for a longer initial period devoted to visioning and reflection, but the majority of T-team members decided to move toward action. We struggled with the decision to move action before each team had developed a clear vision for the larger project but also recognized the limited tolerance for reflective process within each group. We also understood that we needed to honor the groups' decision because this was in keeping with our own value of shared decision making. From a practical standpoint, knew the risk of not doing so might lead to the loss of momentum and possibly participation of members.

In each organization, the summer mini-projects were a response to members' persistent push to move to action and the implementation of SPEC. In Healthy City, the mini-project attempted to prevent the high rate of teen pregnancy among inner-city youth. The project was initially envisioned as a program to develop youth leaders who could become partners in prevention efforts. Similarly, MLK's SPEC team focused on designing and implementing a pilot canvassing project which was to be the first step in generating community participation for a larger campaign that would engage community members in collective action to address the oppressive conditions in the community. Both organizations engaged in a 2 month planning process that occurred during a time in which these teams were taking on greater leadership and ownership of the process. In both, the original inspirations for each project faded quickly into the background as tensions among team members increased in the hammering out of details. In the end, Healthy City's project amounted to little more than a summer program for youth using the same strategies (some of which are antithetical to participation and more authoritarian in nature). The youth, who were to be engaged as active participants in building a youth core for prevention activities, were instead given art projects and lectures about issues related to teen pregnancy. Participation, although initially high, dwindled until during the final days when no youth participated. For MLK, the project never got off the ground. The challenge of committing to a new set of relationships with community members proved too much, and the very modest goal of meeting with approximately 30 community members went unmet. During the planning, both organizations resisted repeated suggestions for the need to link project SPEC objectives with specific activities and outcomes. In addition, by bypassing the process of exploring the assumptions underlying current practices, they were unable on the front end to engage community members in a new way and unable to learn from their failures. Ultimately, they experienced frustration and demoralization but put the blame, in Health City's case, on the youth and the community center where the program was held and, in MLK's case, on role overload and the ongoing crises in the lives of staff and clients.

The four tensions—active versus passive participation, partners versus clients, surplus powerless versus collective efficacy, and reflection/learning versus action/doing—

exemplify the complexities of building participatory practices in the context of HHSOs and highlight the factors that influence participation. The patterns of passive participation described above mirror ongoing dominant-subordinate role relations that are the hallmark of the ameliorative paradigm and are complicated by intra- and inter-organizational dynamics. From the passive or subordinate position T-team members had difficulty taking ownership of the project or generating their own vision of a new paradigm. The pattern of passive-resistant behavior, less prevalent in our experience, is the manifestation of the tension of surplus powerless versus collective efficacy. In Healthy City members feelings of powerlessness were embedded in the pervasive view of "power as a zero sum game" and linked to members' fear of reprisal. In MLK, powerlessness was more directly related to role overload and the absence of skills (particularly among community members) such as teamwork that are fundamental to collective efforts. This difference and the recurring theme in the data of staff members' experience of oppression suggests that at Healthy City there were factors linked to the specific culture of the organization that further inhibited members' participation. In this case, some members were non-participants from the beginning, and many who entered the project as tokenistic or passive participants became non-participants when efforts to move toward citizen power were thwarted by leadership. Further, the absence of reflection as a valued practice made it difficult for the project team to learn from their "actions"—particularly the summer project experience. In the end, the T-team was not able to surmount these barriers. Despite the fact that the leadership recognized the need to build participatory practices within the organization and had launched initiatives to do so, when staff members who were on the T-team tried to address these deeper problems of participation and recommended that the group focus its efforts in this direction, the organization's leadership suspended project operations. The type of citizen power that members had taken on was unwelcome and effectively ended the participation of members.

In MLK, the challenge was to move toward power sharing and an equal distribution of responsibility and ownership, yet leadership initially resisted shifting responsibility and ownership of the project from the university team to staff members, citing capacity issues or personal circumstances of members. This was a source of ongoing tension in the project as project members continued to look to the university team to give them answers and tell them what to do. Our refusal led to frustration. It is interesting to note that staff members were aware of the dilemma and recognized the same pattern in their work with community members who looked to them to solve their problems rather than taking initiative and participating in the problem-solving process. So although staff members were physically present at meetings, their participation remained to a large extent tokenistic or passive for the first 18 months of the project at which point there was a "recognized crisis of participation" as project members slid into non-participation. Reflecting on the dilemma in an interview during this time, an MLK leader makes sense of the struggle in all its complexity and expresses hope, and a recognition of the need, for a new kind of participation:

> …maybe we got way too hung up on the perfect notion of the process, how this has to work itself out. In all our political correctness…having residents there, and that was to say, yeah, we had residents there, we did the right thing. And it was so obvious that you were so allowing it to be our process. But I think it was kind of hard to feel where to grab on sometimes. You know, there's no happiness achieved in spoon-feeding us. We'd have been like, "Oh, my gosh, we knew this. Why are they going on and on and on?" So I don't think there's a wrong way. …I think maybe they're ready to own it… ….

Shortly after this interview, MLK leaders suspended larger project operations recognizing the need to retrench, listen to staff and explore the palpable barriers to participation. During this process, they began a 6 month visioning process that resulted in renewed participation and commitment of staff and a clearly articulated vision, created and shared by organizational members, of how to take the SPEC principles into the organization's future. One structural outcome was a redefinition of several key positions from a client or treatment focus to a community organizing or outreach focus. At the time of this writing, this process is ongoing. As shifts in the organization slowly take place community members and staff are creating new opportunities to collaborate. Members of the university team are rejoining the effort and are partnering with members in new ways.

Part 3: Moving Beyond Tokenism

Like our HHSO partners, we find ourselves as action researchers struggling with the question: how do we navigate the *paradox of participation,* which Quaghebeur et al. (2004) have described:

> Giving people opportunities to participate maneuvers them in a double bind position; they have to do it by themselves, they have to 'act by themselves', but at the same time they are offered this opportunity by others who not only offer the opportunity but also offer the model or the norm for this 'acting by oneself'. (p. 162).

As "helpers" offering opportunities to participate we brought to the table our own agenda through the SPEC philosophy and values that reflected a particular vision of participation as collaboration. We envisioned ourselves as partners in this enterprise and as such recognized our right to put forth our vision and enact our values. More importantly, we viewed the organizations and project members as our partners and recognize their right and duty to not accept colonization but to generate anew their own paths. Yet our experience suggests that despite the language of power-sharing and joint-ownership that we adopted in our project, we did not fully achieve partnership in the way we envisioned. As Arnstein (1969) suggests, tokenistic participation—whether of HHSO staff or community members—implies a set of role relationships between stakeholders in which there is an unequal power distribution. Acknowledging and working to overcome the impact of this within the project proved to be far more difficult than we anticipated. In this section we reflect on and examine the ways in which our own practice influenced this outcome and then take up the question: *How do we move beyond tokenism?*

In many ways the four tensions outlined above characterized tensions in our own participation. From the beginning, we saw ourselves as active as opposed to passive participants and were anxious for others to join us as we explored how to galvanize this energy to move toward collective aims as citizens. However, we underestimated how our own initial stance might impact the participation of others. We occupied active participant roles as the initial meeting facilitators of the project. Although we viewed our occupation of these roles as temporary, these were the only clearly defined roles within the T-teams at the beginning. It was difficult for members of the university team to step out of those roles. Although team activities, such as establishing meeting agendas, were in theory collaborative efforts, much of the behind-the-scenes work was done by the university team. In this way, our manifest ownership and stake in the project perhaps constrained the participation of others.

Just as project participants struggled to develop new kinds of role relationships, we also struggled to establish relationships based on equal partnerships. Although we came to the process as co-learners, members expected us to come as experts. By not recognizing and acknowledging what we could, and were expected to, bring to the table or the existing power dynamics, it was difficult to establish relationships in which participants understood equality as the equal value placed on members' voice, experience, knowledge, and participation. By sometimes suppressing the expertise we had to offer, in an effort to encourage other voices, we may have failed to capitalize on others' strengths as we minimized our own.

It is also possible that surplus powerlessness operated in the researcher-participant dyad. Our team did its utmost to be inclusive and open to negative feedback, yet it took laborious effort to get real feedback about our facilitation and leadership style. We held no direct power over staff members, but we held cultural power in that we came from a prestigious university and were predominantly middle-class and White. This also inhibited our ability to create an open, dialogical atmosphere in both organizations, despite ongoing conscious efforts. Although many members responded to the ideas represented in the SPEC principles, some felt that we were trying to convert people to our ideology. It is true that we came to the project with a strong ideology, but our ideology was to share perceptions and share power. Although this message was explicit from the beginning and repeated often, we failed to understand the extent to which trust was necessary in order to enact this ideology. In Healthy City, the climate of distrust was so pervasive that it was unlikely that members would ever have been willing or able to engage in this way. At MLK, it took a year for members to challenge this ideology and share perceptions. This turned out to be a turning point for this team.

Finally, our team also struggled with the tension of reflection/learning and action/doing. In our own rush to initiate project activities, we gave short shrift to the entry phase of the project. In retrospect, we did not spend enough time learning about our partner organizations, their histories, culture, or readiness to engage in this kind of change. Had we done this, we might have understood the need for skill building around participatory processes and the need for specific roles or structured ways beyond project team membership for members to participate. Upon reflection, our team should have spent more time teaching and practicing with partners some basic skills as opposed to assuming that we can all become symphonists by good will alone. Finally, we overestimated the extent to which participation was a shared value and a practice within each organization.

To sum up, project members in both T-teams identified with the value of participation and sought to address issues of social justice through their work. Many recognized the limitations of current practices and the extent to which they could effect change in community conditions. The project aim was to reflect on and build new organizational practices through a participatory process that would begin to transform health and human services on the ground. Participation in the project was explicitly linked to developing and enacting change to internal organizational processes, structures, and roles and promoting SPEC principles, thus implying change at both the individual and organizational level. Finally, the involvement of transformative, or second-order, change raised both the level of challenge and

the expectations of project members of being able to make changes that would have a positive impact on the community.

Through this process, however, we learned that although participation was valued and the energy for engagement was initially present, the contextual factors of the settings added a level of complexity that made participation a less straightforward proposition. That is, in the case of the New SPECs Project, the T-teams were made up of university partners, organizational staff, and community members with varying degrees of experience with participatory processes, different role identities and expectations related to the context of health and human services, and very different experiences and understandings of the need for change. To begin to address the inevitable complexity that is inherent in community organizational contexts and to move beyond tokenism, we propose an expanded understanding of participation for action research projects related to community organizational change and a model of participation that is explicitly linked to readiness and capacity.

Our work suggests that participation may be better understood as a continuum ranging from non-participation on one end to political engagement on the other. Action research and participatory action research methodologies often frame participation in terms of active or citizen participation in which individuals already feel empowered and ready to commit to a course of action. We learned that very few individuals were ready for political engagement. Moving beyond tokenism in a sense means moving beyond the language it implies and framing it as legitimate way that members can participate. A first step toward this is to work with project members to articulate their meanings of participation, operationalize those meanings into concrete roles, actions, or behaviors, create a shared agreement around participation that is inclusive and then give members an opportunity to reflect on how they would like to participate. We learned that our initial frustrations around participation stemmed from how we were defining participation. It was not that members were unable or unwilling to participate. It was that they could not do so in the way that we envisioned.

Second, for community psychologists involved in organizational and community change work, understanding the complex relationship between readiness for change and forms of participation can help broaden our understanding of the contextual field of change. Prochaska and colleagues' (Prochaska and DiClemente 1992; Prochaska et al. 1998, Prochaska et al. 2001) work on stages of individual and organizational change provides a lens for understanding Arnstein's forms of participation. The first three stages—*precontemplation*, *contemplation*, and *planning*—align with *non-participation or passive-resistant participation* and *tokenistic or passive participation*. Our analysis suggests that project members who displayed behaviors consistent with non-participation were in the precontemplation stage of change. That is, these members joined the project at the request of their leadership and had little personal incentive to engage in the type of change work proposed. This type of resistance to or ambivalence about change is not uncommon in planned organizational change processes (Piderit 2000); however, it is challenging in an action research context in which theoretically member voice and choice is a core value but where non-participants are in the minority. Prochaska et al. (1998) suggests consciousness raising and environmental reevaluation as a way to increase readiness and engage members. Consciousness raising makes explicit the conflict between current cognitive frameworks expressed through values, beliefs, and practices and new schemas and provides opportunities for members to examine their shared assumptions. Likewise, environmental re-evaluation provides an opportunity to look at the potential positive and negative impact of change on the organization and community and to surface concerns about such change. For example, in the New SPECs Project, one concern that arose in several organizations was that the changes might mean job eliminations or role changes. This had a direct impact on participation. These activities may or may not move members toward more active participation but will clarify positions and surface key areas of consensus and disagreement. Most of the individuals as well as the organizations that we worked with in the New SPECs project might be described as in the *contemplation* stage of change. For these individuals and organizations the pros of participating in a change process outweighed the cons but they had yet to commit to action. Moving from *contemplation* to *planning* requires not only the will but also the capacity to participate in a more active and committed way.

This suggests that participation must also be understood as a process and that capacity is built over time. For members in the New SPECs project, capacity to participate included the elements of time, resources, skills, and support. Both time and resources proved to be barriers to participation for staff. For community members basic team work and literacy skills limited some members' capacity to fulfill project roles. A more difficult challenge, however, was the fear community members expressed of being seen by other community members as working with outsiders. They worried about the possible retribution they might face. We learned that community members need roles that feel both safe and supportive of their development. In all of these ways we understand that creating a context in which members can participate in roles that support their level of readiness is key to moving forward. We see this as working to build what Kegan (1994) describes as holding environments or contexts that foster growth of meaning making

capacity by providing adequate amounts of support, challenge and continuity; and second, supporting actions that enhance participation and provide the opportunity to experience what Weick (1995) describes as *small wins*.

The move toward political engagement in this project has been slow but continues in MLK through a long-term visioning process, a focus on small wins, and a reframing of participation that is more broad-based and inclusive. At Healthy City, for the many reasons outlined above, most T-team members never moved beyond *precontemplation* as a group and participation never got beyond tokenism. In both these settings, we observed that attending to social justice issues (e.g., voice and choice) and supporting the development of members' readiness and capacity to participate was a necessary condition for working toward distributive justice aims through collective action and political engagement. This ultimately was recognized by T-team members at MLK. That is, those who are to enact the vision must create it as their own as active participants. To move beyond tokenism, we need to understand better how to enter into and maintain collaborative partnerships making visible the effective (what HSSOs know) and the affective (the experiences and feelings) environments by building a reflective environment (Prilleltensky and Prilleltensky 2006) in which values—such as participation, helping, caring, social justice, and empowerment—are explicitly rather than implicitly promoted and linked to both process and outcome goals for personal, relational, and community wellness.

Acknowledgments We'd like to thank Maritza Montero for inspiring us to think more deeply about the relationship between Community Psychology and politics and to grapple with the complex relationship between participation and political engagement in our own work. We also thank the anonymous reviewers for their insightful and challenging comments. Finally, we thank all who participated in the New SPEC's Project.

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