Regenerating Community:
The Recovery of a Space for Citizens

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The Center for Urban Affairs, now renamed the Institute for Policy Research, was founded in 1968. Because I am the only remaining staff member of the founding group, it seems appropriate at this time to report on the beginnings of the Institute’s Community Studies Program because of its unusual, perhaps unique, character.

When the Institute began in the throes of the 60s revolution, the spirit of reform was everywhere and it was especially intense among the young people at universities. The Institute’s newly assembled faculty was also imbued with this spirit of reform, deeply committed to research that would change American cities that were then sites of revolt, burning, and uprising.

Our initial focus was upon what we called “institutional change.” By that we meant better schools, better medical systems, better social service systems, better government, better criminal justice systems, etc. We also assumed that the key to reforming these systems was adequate funding and the introduction of modern technology, personnel training, and management methods. If these kinds of reforms were accomplished, we believed that cities would become liveable and residents would thrive. Therefore, our research began with a focus on how modern methods could change the well-being of city people—especially those with lower incomes.

Shortly after we began our work we initiated a monthly seminar in which all of the Institute’s faculty took part in a discussion with an outside expert. The first of our seminar visitors was a well-known physician who was the medical director of the recently formed national Head Start Program. His name was Dr. Robert Mendelsohn. He joined our seminar and quickly learned of our commitment to health through institutional reform of medical systems and hospitals. He reacted with amazement at our institutional focus and said it was unscientific. The great preponderance of the scientific evidence, he explained, indicated that the critical determinants of health were not medical systems or access to them. Therefore, he said, our primary focus on medical system reform was a misguided effort if we were concerned about the health of neighborhood residents. Indeed, he said, we were caught in the “institutional assumption”—the idea that health was produced by hospitals, doctors, and medical systems.

We quickly checked the epidemiological literature and found near unanimity among health researchers supporting Dr. Mendelsohn’s claim. It was clear from this research that the four primary determinants of health were individual behavior, social relationships, the physical environment, and economic status. Access to medical systems was not even in the scientific list of primary health determinants. Nor did medical systems have much potential to affect the basic health determinants. Therefore, we would have to do our analyses and research outside of medical systems if we were to join in serious efforts to change individual behavior, social relationships, and the physical and economic environments that determined health.

This faculty experience led some of us to adopt a new intellectual focus and that group became the Community Studies Program. We agreed that we should not begin with the “institutional assumption” that held that hospitals produced health, schools produced wisdom, legal systems created justice, social service systems produced social well-
being, etc. Instead, we decided to initially focus on the positive conditions of a good life: health, wisdom, justice, community, knowledge, and economic well-being. We decided to examine the scientific evidence regarding the critical determinants of each of these conditions.

Once we began this new exploration of the determinants of well-being, we found that the health example was a “generalizable” model. There was clear evidence that school is not the primary source of wisdom or knowledge; social service systems are not major factors in community social well-being; and clearly, criminal justice systems and lawyers are not the primary determinants of safety or justice. In each area, the evidence pointed us in other directions as we focused on the basic determinants of community well-being.

Our inquiry then began anew, and we gathered evidence regarding the primary determinants of well-being in urban neighborhoods. Interestingly enough, the list of health determinants seemed to apply to other areas of well-being as well. The scientific evidence seemed to support the general proposition that the primary determinants of social and economic well-being, safety and justice, wisdom and knowledge, as well as health, were summarized by what happens in terms of individual behavior, social relationships, the physical environment, and economic status.

This realization led us to an understanding that we had been using an inaccurate “map” of society when we followed the “institutional assumption.” Our “map” had assumed that personal and community well-being was produced by institutional systems. This assumption inevitably led to a research focus on management, technology, and funding. And of greatest importance, it led to a de-facto classification of local residents as clients—the recipients of institutional services.

Our unrecognized premise was that well-being was determined by the sum of a resident’s consumption of services. But could service consumption by clients really change individual behavior, social relationships, the physical and economic environment? Was there any place on the map for the residents and their own actions? Where did citizens and their collective relationships fit in affecting the determinants?¹

It was at this point, of course, that we recognized that the hidden consequence of the “institutional assumption” is that it creates a social map of systems and clients, while omitting communities and citizens. And yet, it is clear that citizens and their communities must have a major role on the social map if individual behavior, social relations, and the physical and economic environment are to be changed. In fact, many of today’s more enlightened institutional leaders have come to adopt this revised map, recognizing the critical role of citizens and their collective work in addition to the institutional functions. For example, most superintendents of police departments now emphasize the importance of local citizen organizations, block watches, and community policing. They are clear that the police and the criminal justice system are extremely limited, at best, in their capacity to deliver safety, security, or justice.

¹ By citizen, I do not infer a legal category. Rather, it is a term of power defining a local participant in a democracy.
Informed health system administrators increasingly support community health promotion efforts, and many school administrators are recognizing how important parents and local residents are in raising effective young people.

A new map has now emerged in many sectors. It places citizens at the center, surrounded by their social relationships in local groups, clubs, and organizations, supported by a group of local institutions. This is a citizen-centered—rather than a client-centered—map. It recognizes that citizens and their collective relationships are the principal tools for affecting the basic determinants of well-being.

As we proceeded beyond the institutional assumption, it was suggested that we should focus, instead, on civil society. The basic definition of civil society is peculiar because it is usually stated in the negative: It is not the state (government), and it is not the market (for profit business). It is, however, everything else. And two kinds of organizations are located in this space for “everything else.” In taking the example of Evanston, Ill., we find first, non-profit groups such as Northwestern University, many hospitals, and social service systems, and second, civic associations such as Rotary Clubs, Alcoholics Anonymous, and local block clubs.

We found that a focus on this definition of civil society was misleading, at least, and counterproductive, at worst. The reason is clear. Incorporated within this same sector, as though they are somehow specially related, are Northwestern University and the Alcoholics Anonymous groups in Evanston—or St. Francis Hospital and the local Rotary Club. The contradiction is obvious. Northwestern University and St. Francis Hospital are large institutions run by paid employees. Alcoholics Anonymous and the Rotary Club are small groups of unpaid citizens working in associations. Therefore, civil society as a working category misled us because it placed the very institutions that we initially wanted to avoid in the same space as local associations—the focus of citizen initiatives.

Indeed, we soon realized that the traditional definition of civil society was dysfunctional because the nonprofit hospital and university are much more like government and business institutions than they are similar to citizens’ associations. Northwestern University is basically like the University of Illinois even though one is nonprofit and the other is a governmental institution. It is, on the other hand, radically different from Alcoholics Anonymous. Similarly, St. Francis Hospital is very like a for-profit Humana Hospital and very unlike a Rotary Club.

Therefore, we found it essential in our analysis to distinguish between nonprofit institutions and local citizen associations if we were to understand the basic determinants of well-being and avoid the institutional assumption. We abandoned civil society as a useful category and re-classified nonprofit systems with the other systems of the state and the market. We focused instead on the citizen sector of associational life to understand it as a potential community resource for change in individual behavior, social relations, the physical environment, and economic status.
The associational sector is that social space where citizens join in face-to-face groups and do their work without pay as members of a voluntary association of citizens. These groups are incredibly diverse in their concerns and forms. They include Alcoholics Anonymous, Rotary Clubs, choirs, religious organizations, sports leagues, social cause groups, women’s associations, block clubs, motorcycle clubs, etc.

Alexis de Tocqueville was the first to define these groups. Writing in 1834 in what would become *Democracy in America*, his brilliant analysis of the developing structure of America’s society, he said:

“Americans of all ages, all conditions, and all dispositions constantly form associations. They have not only commercial and manufacturing companies, in which all take part, but associations of a thousand other kinds, religious, moral, serious, futile, general or restricted, enormous or diminutive. The Americans make associations to give entertainment, to found seminaries, to build inns, to construct churches, to diffuse books, to send missionaries to the antipodes; in this manner they found hospitals, prisons, and schools. If it is proposed to inculcate some truth or to foster some feeling by the encouragement of a great example, they form a society. Wherever at the head of some new undertaking you see the government in France, or a man of rank in England, in the United States you will be sure to find an association.”

“Nothing, in my opinion, is more deserving of our attention than the intellectual and moral associations of America. The political and industrial associations of that country strike us forcibly; but the others (the civic associations) elude our observations, or if we discover them, we understand them imperfectly because we have hardly ever seen anything of the kind. It must be acknowledged, however, that they are as necessary to the American people as the former (industrial and governmental associations), and perhaps more so. In democratic countries the science of association is the mother of science; the progress of all the rest depends upon the progress it has made.”

Tocqueville was pointing out that in associations of whatever kind, Americans were inventing a unique context for cooperative, creative action that engaged the individual citizen in producing society, reshaping social relations in ways too diverse to enumerate, transforming the environment (for good and ill) and creating the context for entrepreneurship. He classified all of this activity in political terms. For him, every person in an association of any kind was a citizen at work rather than a client, consumer, or even constituent. Indeed, he recognized that while the citizen as voter is essential, voting is actually a process of giving power away—the delegation of authority. In association, however, the American was, in concert with fellow citizens,

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2 An association may have a paid member (pastor, organizer, secretary), but unpaid citizen members do the essential work.


4 Ibid, 118.
making power. He saw that, in associations, Americans became producers of well-being rather than recipients of institutional favors—that their essential tool for creating effective communities was their associations.

This new form of associative citizen power was so revolutionary that his book’s title attempts to point out that there is a new kind of Democracy In America—the associational community where citizens went beyond voting and created a new form of relationships to make power and create a society from their own vision and work.

For these reasons, we decided that viewing the urban neighborhood through its associational life could provide a context for understanding how the basic determinants of well-being are affected, changed, and created. In this way we would not be starting with the institutional assumption. We would be starting with the citizen-centered, rather than the system-client-consumer, map.

Because our colleague Robert Putnam’s book, Bowling Alone, has become so well known with its dismal analysis of the decline of American associational life, it is reasonable to ask whether a focus on associational life is relevant anymore. Has the citizen-centered society atrophied, replaced by institutional systems meeting every need of a supine society of consumers and clients?

The answer is that it depends upon where you look. If you look in newly built tract suburbs, for example, the map of associational life is largely vacant. If you look in older, inner-city neighborhoods, the map is quite different.

Our research has discovered, in city after city, a rich associational framework in these older neighborhoods. In Chicago’s mid-south neighborhood of Grand Boulevard, one of its very lowest in income, a neighborhood inventory found 319 voluntary associations. In Chicago’s Westside Austin neighborhood, 612 associations were counted. In each case, the research was focused on associations with names and did not include those hundreds of associational groups that gather without the formality of a name.

Having assisted many neighborhood groups in associational inventories, we can identify the common forms of associational life in these neighborhoods. The following typology shows the kinds of groups commonly created by citizens in inner city neighborhoods:

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Master List of Associations

1. **Addiction Prevention and Recovery Groups**
   - Drug ministries/Testimonial groups for addicts
   - Campaigns for a drug-free neighborhood
   - High school substance abuse committees

2. **Advisory Community Support Groups (Friends of...)**
   - Friends of the library
   - Neighborhood park advisory councils
   - Hospital advisory groups

3. **Animal Care Groups**
   - Cat owners’ associations
   - Humane Society

4. **Anti Crime Groups**
   - Children’s Safe Haven neighborhood groups
   - Police Neighborhood Watch
   - Senior safety groups

5. **Block Clubs**
   - Condominium owners’ associations
   - Building councils
   - Tenant clubs

6. **Business Organization/Support Groups**
   - Jaycees
   - Chamber of commerce (local)
   - Economic development councils
   - Restaurant associations (local)

7. **Charitable Groups and Drives**
   - Hospital auxiliaries (local)
   - United Way (local)
   - United Negro College Fund Drive

8. **Civic Events Groups**
   - Parade planning committees (local)
   - Arts and crafts fairs
   - July 4th carnival committees
   - Health fair committees

9. **Cultural Groups**
   - Community choirs
   - Drama clubs
   - Dance organizations
   - High school bands

10. **Disability/Special Needs Groups**
    - Special Olympics planning committees
    - American Lung Associations (local)
    - Americans with Disabilities Associations (local)
    - Muscular Dystrophy Associations (local)

11. **Education Groups**
    - School councils (local)
    - Book clubs (local)
    - Parent Teacher Associations
    - Literacy clubs
    - Tutoring groups

12. **Elderly Groups**
    - Hospital seniors’ clubs
    - Westside seniors’ clubs
    - Church seniors’ clubs
    - Senior craft clubs

13. **Environmental Groups**
    - Neighborhood Recycling Club
    - Sierra Clubs
    - Adopt-a-Stream
    - Bike path committees
    - Clean air committees
    - Pollution councils
    - Save-the-park committees
14. Family Support Groups
- Teen-parent organizations
- Foster parents’ support groups
- Parent alliance groups

15. Health Advocacy & Fitness Groups
- Weight Watchers
- TOPS
- Neighborhood health councils
- Traffic safety organizations
- Child injury prevention groups
- Yoga clubs
- YMCA/YWCA fitness groups
- Anti-violence groups
- Senior fitness clubs

16. Heritage Groups
- Black empowerment groups
- Norwegian Society
- Neighborhood historical societies
- African-American heritage associations

17. Hobby and Collectors Groups
- Coin collector associations
- Stamp collector associations
- Arts & crafts clubs
- Neighborhood garden clubs
- Sewing clubs
- Antique collectors

18. Men’s Groups
- Fraternal orders
- Men’s church organizations
- Men’s sports organizations
- Fraternities

19. Mentoring Groups
- After-school mentors
- Peer mentoring groups
- Church mentoring groups
- Big Brothers, Big Sisters
- Rights of passage organizations

20. Mutual Support Groups
- La Leche League
- Disease support groups (cancer, etc.)
- Parent-to-parent groups
- Family-to-family groups

21. Neighborhood Improvement Groups
- Neighborhood garden clubs
- Council of block clubs
- Neighborhood anti-crime councils
- Neighborhood clean-up campaigns

22. Political Organizations
- Democratic clubs
- Republican clubs

23. Recreation Groups
- Kite-flying clubs
- Bowling leagues
- Basketball leagues
- Bodybuilders’ clubs
- Little leagues
- Motorcycle clubs

24. Religious Groups
- Churches
- Mosques
- Synagogues
- Men’s religious groups
- Women’s religious groups
- Youth religious groups

25. Service Clubs
- Zonta International
- Optimist Clubs
- Rotary Clubs
- Lions Clubs
- Kiwanis Clubs

26. Social Groups
- Bingo clubs
- Card playing clubs
- Social activity clubs
- Dance clubs
27. **Social Cause/Advocacy Issue Groups**
- Get out the vote councils
- Peace clubs
- Hunger organizations
- Vigils against violence
- Community action councils
- Social outreach ministries
- Soup kitchen groups

28. **Union Groups**
- Industrial (UAW)
- Craft unions (plumbing councils)

29. **Veteran’s Groups**
- Veterans of Foreign Wars (VFW)
- Women’s veterans organizations

30. **Women’s Groups**
- Townswomen’s guilds
- Women’s institute groups
- Women’s sports groups
- National childbirth trust support groups
- Women stay-at-home groups

31. **Youth Groups**
- After school groups
- 4-Hs
- Girl and Boy Scouts
- Junior Achievement
- Campfire Girls
- Boys and Girls Clubs
- Explorers’ Club
- Teen Leadership Club

While it is obvious by their names that many of these groups provide great community benefit, our research also indicates that these groups engage in many activities that benefit the community even though their names do not suggest the breadth of their community work. For example, a baseball team keeps up the neighborhood park where they play; the church creates an after-school program for all local teens; the motorcycle club’s clubhouse is the meeting place for the neighborhood association; the neighborhood association is part of a national lobby to change discriminatory banking practices; four local associations create a new neighborhood economic development group to join the local businesses in reviving the commercial strip; a local women’s organization creates a constructive summer initiative for the girls in the neighborhood; a group of local men’s associations create a neighborhood watch program in which their members patrol the local community evenings; a senior’s club visits homebound seniors, delivers meals and calls each homebound senior every day; an association of block clubs confronts a local employer about its discriminatory employment practices; an association of young people interviews local seniors and writes a neighborhood history; a local association of associations envisions and creates an initiative to rehabilitate neighborhood apartment buildings; a veteran’s organization creates a job training program; an association of local churches collaborates with the local school to create a youth reading program; and on and on. The generally undocumented, unsupported, and uncelebrated community benefits of local associations is the untold story of the continuing inventions of inner-city citizen associations and their community-building capacities, even in the 21st century.

Here we must recognize the pernicious effects of racial and ethnic discrimination in the American story. These effects are the rock upon which the American ship has so often floundered. Race has been the means for pervasive economic exploitation of neighborhoods, their people, and their housing. Nonetheless, associational life has been a powerful defense and offense against segregation and discrimination. Historically, churches, temples, and mosques have been bulwarks for neighbors of differing racial and ethnic backgrounds. The great African-American scholars St. Clair Drake and
W.E.B. DuBois both identify the urban associations of black people as the principal means for their survival and ascendance. Perhaps this is why we have found such numerous and diverse associations within low-income communities, for among those who our institutions have often ignored or exploited, it would seem quite reasonable that the associational alternative would remain a vigorous and vital local resource. Therefore, in spite of the reported decline of associations, our research indicates that they remain quite numerous in low-income communities. Their survival is obviously essential, for they perform unique functions that elude the great professions and institutions of our society.

While I have written elsewhere of the numerous unique functions of associations,\(^8\) here I would like to emphasize those functions that seem most significant in achieving neighborhoods where health, wisdom, justice, knowledge, economic well-being, and community prevail.

At the heart of the democratic faith is an idea that reaches beyond equality. It is the idea that every person has unique skills, capacities, and gifts and that a good society provides an opportunity for those gifts to be given and shared. In this way the community grows strong because each person provides unique contributions to the common good so that the sum of the parts is a free, productive neighborhood. In this sense, associations are a democratic society’s primary vehicle for identifying, combining, and manifesting the unique gifts of citizens for the common good. An association is the structure we have uniquely created to provide a means of coalescing the capacities of each to create a synthesis, making each participant more powerful and the group’s power greater than the individual power of each member. In this synthesis, we can see why Tocqueville felt associations were Americans’ democratic tool for making power. Or in more contemporary language, why the basic site of “empowerment” resides in association rather than in a client or a consumer.

In addition to being a principal means for citizens to be powerful and create power, associations provide a vital resource for creative problem-solving. In the diversity of citizen experience within each association and the diversity of purposes in a neighborhood’s associations, the “raw material” for creative solutions to questions large and small is generated. Indeed, most of our old systems, agencies, enterprises, and institutions were hatched in the associational “nest.” The critical question today is whether we can recognize what Tocqueville saw so well — that the place where new solutions to basic dilemmas will be generated is in associational life.

Unfortunately, we spend so much of our effort, attention, and resources on institutional reform that we usually ignore the inventive—and often more effective—efforts of citizens in associations as they grapple with the questions of neighborhood change. In our book, *Building Communities from the Inside Out*,\(^9\) we document hundreds of creative local initiatives in which associations of local citizens are inventing, creating, and discovering new paths for raising young people, revitalizing their economy, overcoming discrimination, promoting health, and ensuring security. These efforts,

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however, fall largely under the radar of most researchers, marketers, governments, funders, and the media. Nonetheless, citizens are persistently at work creating new ways to meet those human needs resulting from the inherent limits of large institutions and systems.

One other irreplaceable attribute of associational life is care. Many neighborhoods are recipients of institutional services that are mistakenly called care. There are health care, care providers, systems of care, Medicare, “judicare.” Each is a system providing a paid service but structurally unable to produce care.

Care is the freely given commitment from the heart of one to another. No system can mandate, manage, produce, or provide this kind of care. A university can manage to provide students a service called education. However, it cannot manage professors so that they will care for their students. Some faculty might care, but no president, provost, dean, or chair can make the university produce care for students.

Most of our institutions compete in creating the illusion that their service is really care. The telephone company advertises that it cares about you, the insurance company will care for you, the government will show it cares for you, and even your undertaker will care for you—if posthumously.

The point is that bureaucratic systems are attempting to graft onto themselves the primary characteristics of voluntary associations. Unlike institutions, associations are structures in which care is central. People voluntarily join together because they care about one another, and they care about some common purpose or cause. This care is from the heart, freely given, a voluntary commitment to the other, and a common vision.

It is one of the quiet tragedies of the 20th century that we have accepted the idea that institutions, rather than families, neighbors, and associations, are the primary sites of care. This mistaken understanding is the cause, rather than the solution, of many of our social problems. Who among us looks forward to old age under the “care” of a nursing home, now called a “care” facility? And what young person surrounded by professional “servicers”—educational, recreational, psychological, correctional—is aware that these professionals are creating a counterfeit community that can never replace the concern, insight, experience, support, and love of a genuine community of care?

The critical reasons, then, for recognizing the place of associations in our local neighborhoods and larger society is that they are our citizen tools for creating power, inventing solutions, and providing care. And these are the three capacities that our great systems cannot produce, however well managed, technologically oriented, or professionally run.

The focus of this lecture is to consider questions of policy. In terms of associational life, there is an obvious paradox. Practically speaking, policy is a word that usually applies to institutions and their intentions rather than associations and their commitments. Policies are adopted by corporations, nonprofit institutions, and governments. And as we have seen, it is their policies that have been major factors in the decline of associational life even though these policies have been understood by the institutions as
being helpful, meeting “needs,” and fulfilling demand. Paradoxically, policies suggesting more of these interventions would obviously be counterproductive.

We are faced with an unusual dilemma. What institutional policy could allow or support the growth of associational space and citizen action?

One approach to this question is the possibility that local institutions could be support structures for associational life. Indeed, their language suggests support rather than control, or even partnership. They often describe themselves as servants—civil servants, public servants, and servants providing health, social, economic, and cultural services. How can they transform themselves from being lords of institutional intervention into servants of citizens and their associations?

It is possible to describe many institutional polices that support associational life, and we have done so in our book *Building Communities from the Inside Out*. It may be more useful, however, to describe the actual policy of one unusual institution that took seriously the question of how it might become a servant of the associational community. This particular example recounts a recent policy change made by the Atlanta Metropolitan United Way.

The United Way has traditionally been an institution supporting increased intervention by human service systems in all aspects of community life. It has been a major contributor to the policy map that defines local neighborhoods and their residents as needy, problem-filled places to be “fixed” by professionally provided services. Therefore, it is startling—and exemplary—to find a local United Way supporting an increased space for citizen, associational, and community creativity, and problem solving.

The following policy proposal—comparing the existing and proposed replacement policies—of the Atlanta United Way was presented to its board:
The New Policy: Community Building

<table>
<thead>
<tr>
<th>Present Policy</th>
<th>Proposed (New) Policy</th>
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<tr>
<td>• Focus on deficiencies</td>
<td>• Focus on “assets”</td>
</tr>
<tr>
<td>• Problem response</td>
<td>• Opportunity identification</td>
</tr>
<tr>
<td>• Charity orientation</td>
<td>• Investment orientation</td>
</tr>
<tr>
<td>• Grants to agencies</td>
<td>• Grants, loans, contracts, investments, leveraging dollars</td>
</tr>
<tr>
<td>• More services</td>
<td>• Fewer services</td>
</tr>
<tr>
<td>• High emphasis on agencies</td>
<td>• Emphasis on associations, businesses, agencies, churches</td>
</tr>
<tr>
<td>• Focus on individuals</td>
<td>• Focus on communities/neighborhoods</td>
</tr>
<tr>
<td>• Maintenance</td>
<td>• Development</td>
</tr>
<tr>
<td>• See people as “clients”</td>
<td>• See people as “citizens”</td>
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<tr>
<td>• “Fix” people</td>
<td>• Develop potential</td>
</tr>
<tr>
<td>• Programs are the answer</td>
<td>• People are the answer</td>
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The board of the Atlanta United Way voted 69-0 to implement the new policy.

This policy change implicitly recognizes that the essential institutional policy for regenerating community is to create a space for the citizen center to grow. Henry Moore, the brilliant assistant manager of Savannah, Ga., described his city’s uniquely successful neighborhood renewal policy as “leading by stepping back.” It is a policy that shifts from prescription to proscription, from “How we will fix them” to “What we won’t do to limit them.”

I am sure that this idea of policies that focus on institutional limits and “stepping back” is not what most institutional and professional policy leaders are looking for. What a letdown for a policy forum! Americans, however, have a great policy precedent for recognizing institutional limits. It was, after all, the people who instituted our government who invented an institution and then, understanding the importance of limits, created a list of proscriptions on the very institution they newly created. We call those proscriptions our Bill of Rights. And the first of those proscriptions says that the government may not limit freedom of speech and association.
There remains the question of whether the very idea of policy can be focused on associations themselves. Who would have the authority or capacity to prescribe or implement an associational policy for citizens in local neighborhoods? The essence of our freedom in this democracy is the fact that no one can create a policy for citizens in their voluntary associations. Indeed, it is the essence of a totalitarian society that its policy is that every association must serve the system. So, instead of the Girl or Boy Scouts, there would be Hitler’s Youth or the Young Patriots.

Let us recognize, then, that we are opposed to a policy for American associational life because we seek to be a free people. And it is our control of this citizen space that is the source of our power, our creativity, our care, and our democracy.

There is, however, a way to measure the power of our citizens in association. There are four indicators of whether we have the citizen assets to lead our democracy ahead.

The first is the power to create the vision for our future. This means that we are not the advisors or even partners of institutional visionaries. We are the fountainhead from which our destiny must flow.

The second is that we are the principal producers of our destiny. As citizens we have heads and hands. We are not dependent on institutions to carry out our vision. We can imagine and produce our future with institutions as our assistants.

The third power is our ability to act as the connectors of assets—the catalyst of relationships. Community building is basically about understanding our neighborhood assets and creating new connections among them. But we must be the connectors, for when institutions perform these functions, we become wholly owned subsidiaries—mere objects of and participants in their programs.

Lastly, and of greatest importance, is our power to care. Care is the name we give to a powerful relationship:

“I care about them.”
“I will care for him through his dying days.”
“I care about this neighborhood.”
“I care about our youth.”

These “cares” are the powerful source of associational life. For, in voluntary associations we are not motivated by money. The force at the citizen center, the force that holds us together, is care.

Let us remember that care does not come from managers, systems, professions, institutions, or computers. Care comes from the heart of citizens, and its public expression is through our associations.

Tocqueville saw this clearly. He wondered how these New World citizens in local places were guided in creating their new, unique, and unprecedented associations. He concluded that they knew how to create this unique new democracy because they followed the “habits of the heart.”
It is these “habits” that have persevered and have provided the foundation of our democracy. What a privilege it is to have our powers of association. What a glory to have the power to care. What a responsibility to be a citizen. For we are the dreamers of democracy, we are the architects, the builders, and the residents of the American dream. And that is not so wild a dream.

Selected for their lasting effect in their local community, the case studies explore new models for opening up the relationship between the university and its regional partners, explicitly connecting creative, critical and theoretical approaches to civic development. The volume has three sections: Case Studies of Place-Making; Models and Methods for Developing Place-Making Through the Arts; and Multidisciplinary Approaches to Place and Contested Identities. The sections cover regions in the UK such as Bedford, East Anglia, Edinburgh, Manchester, London, Plymouth and Wakefield, and international Regenerating Community. by John L. McKnight. 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 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. Indeed, it is the marvel of the democratic ideal that people of every fallibility are citizens. 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. Processes for regenerating entire communities or regions seem to be entirely missing. The goal of creating resilient prosperity for all is obviously of vital importance. So why are efforts to create a process for revitalization or resilience so haphazard? We now need to normalize the recovery of our world. We and our children need to expect things to get better. Revitalization could be called Place Medicine; restoring wellness to communities, regions, and nations.