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Chapter 15: Topeka's Healthy Community Initiative:

A Psychoanalytic Model for Change

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A good community is a community where the people understand what is going on and take responsibility for what happens. - David Mathews

The greatest achievement of the human spirit is to live up to one's opportunities, and to make the most of one's resources. - Vauvenargues

Isn't Psychoanalysis of the Community a Self-Canceling Phrase?

Obviously psychoanalysts cannot put an entire community on the couch! Key psychoanalytic techniques - regression in the service of the ego and transference analysis, for example - are hard to implement at the community level. The thought of a city regressed raises the specter of wild bacchanals or frightful riots; regression unchecked by ego. Deepening the transference toward a central figure in the worst-case scenario shades into control by political fiat or fanatical conversion. That is, as Freud (1921) pointed out, surrender of one's superego to the group leader in exchange for a measure of protection and relief from personal accountability. Interpretation, the psychoanalyst's most basic intervention, would neither stem a riot nor dispel a large group's dependence on a leader. Action would sweep away the opportunity for reflection. Psychoanalysts are much more adept at helping the neurotic individual break the confines of unconscious fantasies than

helping communities divest themselves of the dynamic underpinnings of violence, trauma, and strife.

To further muddy the waters, the question should be raised as to whether psychoanalysts can legitimately diagnose a community. On this matter there are many more questions than answers. This book is an effort to launch such inquiry within the field of psychoanalysis. In particular, this chapter about the psychoanalytic model employed by Topeka's *Healthy Community Initiative* describes one such probe.

Most psychoanalysts would be quite comfortable with the diagnostic process described by Dr. Karl Menninger, a native Topekan:

“It is diagnosis in the sense of understanding just *how* the patient is ill and *how* ill the patient is, *how* he became ill and *how* his illness serves him.

From this knowledge one may draw logical conclusions regarding how changes might be brought about in or around the patient which would affect his illness.” [Menninger, Mayman & Pruyser 1963, pp. 6-7, italics added]

Menninger's description highlights the analyst's detailed observation of the workings of an individual's inner world. When using a *clinical approach* the analyst is at the hub of an extremely intimate relationship with the analysand. When addressing social problems, the analyst is no longer at the hub, but one among many collaborators. No longer rooted in the clinical situation, perhaps the contributions of the psychoanalyst are now best described as a *group involvement approach* (Bracher 1992). Borrowing from Dr. Karl and his colleagues, in this approach psychoanalysts bring the same keen capacities for observation and understanding: the community psychoanalyst assesses just *how* the

community functions and *how* functional or dysfunctional the community is, *how* the community became dysfunctional and *how* the community's dysfunction serves it. From this knowledge one may draw logical conclusions regarding how community members might be engaged to solve their own problems. To conclude that psychoanalysts should remain in the consulting room undervalues the power of a discipline trained to understand dynamic root causes and associated compromises that can prevent resolution of social ills.

To elaborate further on the question of *how* a community psychoanalytic process unfolds, consider that a great deal of the work in clinical psychoanalysis is *subversive*. As analysts we strive to make the unconscious, conscious, or to cause what is ego-syntonic to become ego-dystonic. We do this by interpreting to our patients how their unconscious compromises are enacted in the transference. A premium is placed on the *shared experience* between the analyst and analysand. For in telling the story of that mutual experience we gain insight, expose compromises, and encourage growth. Resolution of neurotic conflicts requires re-telling the story in a new and creative way. This is not easily accomplished and motivation for change arises as problems take on the value of symptoms.

The community psychoanalyst, as in the clinical situation, must capitalize on shared experiences to achieve *subversive* aims. Sometimes community problems must infiltrate the lives of the majority of the populace before the problems of a few become sufficiently *dystonic* for the community to address. The new *story* begins to acknowledge the community's blind spots, maladaptive compromises, loyalty binds, etc., as well as under-appreciated strengths. A different kind of outcome can be imagined. The Topeka

Healthy Community Initiative is one such effort.

Psychoanalytic Underpinnings for Topeka's Healthy Community Initiative:

Topeka's Healthy Community Initiative (HCI) has been an experiment in bringing psychoanalytic strategies to bear on solving community problems. Analysts will be familiar with the HCI use of psychoanalytic understanding of transference/countertransference, compromise formation, ego strength, resistance to change, developmental capacities, and interpersonal process. What is different, both for psychoanalysis and for community improvement projects across the nation, is the HCI's effort to use these psychoanalytic concepts as leverage to mobilize a pragmatic form of altruism, where neighbors help each other solve shared problems. What is pragmatic altruism?

Research into the practical value of altruistic behavior appears in diverse places. For example, an economist (Clotfelter, 1980) surveyed 1,299 households to determine the motivation of citizens who provided help to victims of crime. Using hypothetical situations, this analysis supported the hypothesis that purely altruistic behavior and behavior based on self-interest, as well as behavior guided by social norms, are important in these helpful bystander actions, with individuals with higher incomes and those with higher education tending to be most helpful. Several observational studies on children helping each other when school playground bullying and fighting occurs have yielded a variety of interesting results, summarized by Ginsberg (1977). Such studies indicate that children, who see continued aggressive behavior on the playground, especially if the victim child communicates submission or distress, are more likely to respond for the

benefit of the victim. In stark contrast, the Genovese case in New York in 1964 was a chilling example of the absence of any apparent concern for others (Milgram and Hollander, 1964). In this instance, neighbors in a Kew Gardens apartment in New York City watched as a woman, Kitty Genovese, was stabbed to death in the early hours of the morning in a horrendous knifing lasting over thirty minutes. None of the 38 neighbors who were aware of her cries for help, assisted in any way, or even called the police. When interviewed, such witnesses said they were afraid to get involved. Many other such studies suggest that if people have enough time to examine the possible consequences of an altruistic action, then they're less likely to act in a helpful way if there is significant personal risk. Studies of situations which demand immediate responses, such as an individual who has a heart attack in a bustling city environment, are far more likely to elicit a majority of altruistic responses from bystanders than ones in which people have time to think about the consequences of their involvement.

Contemporary evolutionary theory has become an unexpected source of support for the survival value of altruism and for its pragmatic importance. Philosophers such as Badcock (1986), Slavin and Kriegman (1992), and Trivers (1985) point out that the every man for himself interpretation of Darwin's survival of the fittest principle is oversimplified. The more sophisticated interpretations point out that the survival of the species depends on a combination of self-interest and mutual cooperation. Kin altruism is a form of altruism, which occurs between relatives who share genetic material. The altruistic act aids mutual perpetuation of the shared genetic material and is also thus egoistic. Even amongst unrelated individuals, altruism could bring benefits to the altruist in the form of longer-term, sometimes indirect reciprocal payments and exchanges, thus

aiding survival of the species (Reciprocal Altruism). Evolutionary biology is thus developing its own terminology for what has been rediscovered by psychoanalysis, game theory, philosophy, ethics, political science, and religious studies, to name some of the many different fields that have begun to pay attention to the meaning of altruism.

Shapiro and Gabbard (1994) note that altruistic behavior and motivation has been traditionally regarded as a defensive reaction formation to sadism in humans. Their research suggests that in human beings, altruism is an independently motivated, non-defensive system that cannot be distinguished from selfish motives. Instead, self-oriented and altruistic motivations are equal and essential partners.

In applying the human altruistic response to the pragmatic demands of healthy communities, one must understand these various complex cultural, social, intra-psychic, and biological determinants of the altruistic response. Shapiro and Gabbard (1994) list a variety of limitations on altruism, which emphasize intra-psychic factors. These limitations need to be directly addressed by anyone proposing to make use of this concept to improve the health, peacefulness, and cooperativeness of members of complex communities. Such limiting factors include:

1. The observer's ability to achieve an **accurate** understanding of the victim's needs (empathy).
2. The observer's ability to achieve a balance between self-interest and concern for others. Pathologically narcissistic leaders will have very serious problems in this regard, as is illustrated by some extremists, like Osama bin Laden or Adolf Hitler.

3. The observer's assessment of the cost-benefit ratio specific for the altruistic action.

To these we add two social influences on altruism:

4. Violent individual and community mindsets, as defined in this paper, can provide a defective social model for the young for collaborative living. Currently, Kansas is examining a way to enable the state to get millions of dollars in funds that they do not deserve using a loophole that will enable the state to draw interest on funds temporarily dispersed to nursing homes. Political and legal experts are quoted as saying, "As long as it is legal, they aren't going to oppose it. After all the state could use the money." The House speaker said, "I think we would get beat up a bit if we decided not to pursue it."¹ Sanctioning unethical, manipulative behavior to produce undeserved financial gains, especially if covering budgetary ineptitudes, is an extraordinarily poor example to young people.
5. The extent of the numbing effect of subtle and not so subtle actual violence on individuals, so that the existence of neediness of others is denied, rationalized, or avoided.

Thus the altruistic response can be limited by unconscious and conscious factors, personality distortions, and social and cultural mores, attitudes and other influences. The individual proposing to use this approach to create a healthy community must address all of these issues.

Initial efforts were focused on building *working alliances* with a select group of community leaders. As these relationships were being built, the HCI group learned in lay

terms about the impediments to making change (e.g., transference toward those who are different or less fortunate, confronting denial about the plight of people living a short distance away, the challenges of transforming the narcissistically gratifying intention to help others into actual behavior, and so on) as well as issues of violence in Topeka. As with any psychoanalytic process, emphasis was placed on looking past the symptom to the underlying causes. The HCI *diagnostic process* is described in greater detail in a subsequent section. The HCI *treatment strategy* has focused on strengthening existing *community stabilizing systems* which can loosely be compared to enhancing the analysand's ego strength and/or supporting developmental capacities. Finally, and most problematically, the HCI group looked at our own inhibitions or *countertransference* regarding taking action and making change.

The Community's Presenting Problem

Most psychoanalysts would agree that a patient presenting with expectations of failure, absence of cohesive identity, aggressive acting out, and tolerance of unacceptable behavior would benefit from treatment. This succinctly describes Topeka's state of affairs in the spring of 2000². Essentially, the "presenting problems" stemmed from an extreme conflict between the Mayor and the City Council : Female members of the council requested a security guard during closed sessions, and the city came close to losing millions in federal grants because of a long conflict over a minor city ordinance. The local media had pounced on the struggle and reported blow-by-blow the insults and subterfuge. Several of these public servants pushed agendas benefiting a circumscribed constituency but not what was best for the city as a whole.

A “shrink” was called in to help break up the fighting (Twemlow 2001, Twemlow & Sacco, submitted 2002). Several group meetings followed individual meetings with the Mayor and each of the council members. In spite of political and religious objections to psychiatric consultation, the “psychiatric diagnosis” and treatment occurred with full participation of all members of the City Council and the Mayor, since no one wanted to be labeled as unreasonable, a gambit that is not uncommon in municipalities. There was a temporary amelioration of the conflict.

But the calm waters were soon troubled again. Topekans were appalled by the conflict, but did little to act on their dissatisfaction; instead they passively watched the spectacle. After all, someone else’s problems can divert attention from worries about one’s own. There was a generalized sense that no one was in control and that the community was fragmenting anxiously on many levels. In addition, U.S. Department of Justice crime statistics ranking Topeka fifth in the nation among similar sized cities for crime, had just been released. What might be called “community coping mechanisms” were limited or diminished in effectiveness. The populace seemed passively dependent on others to punish convicted criminals rather than trying to prevent or resolve the problem.

The hateful conflict between the Mayor and the City Council, coupled with the alarming crime statistics, had a third comrade in divisiveness. At the time the HCI was formed, one did not need to look far to see that spread across Topeka’s neighborhoods, racial/ ethnic groups, and socio-economic classes were deep divisions which consistently prevented sharing of resources and cooperating to reach mutually defined goals. There were numerous examples where stakeholders failed as collaborators and succeeded as

adversaries.

In April 2000 Mayor Joan Wagnon and Stuart W. Twemlow MD convened the Healthy Community Initiative. The HCI group considered the conflicts between the Mayor and City Council, as well as the crime statistics, to be symptoms of underlying difficulties. However, the community at large did not share this depth of understanding and focused on short-term solutions such as replacing the Mayor and City Council, or locking up criminals. The problems in leadership and with crime were largely “ego-syntonic” and did not have the value of a clinical symptom for the citizens.

Community Health Perspective Underlying Topeka’s HCI: Stabilizing Systems & Healthy Capacities

The City Government can initiate change, but maintaining progress is up to the neighborhood & community. —HCI Member

The Healthy Community Initiative placed primary emphasis on Topeka’s *stabilizing systems* or *healthy capacities* (an approach unique amongst community improvement efforts being developed around the U.S.). Over-reliance on methods of enforcement and a passive, hostile-dependence on the City Government had proved insufficient at best, and counterproductive at worst for sustaining a vibrant community. Topeka had developed a character style of hammering at its problems with little foresight or genuine hope. The HCI effort aimed at engaging the roots of community functioning and spoke to the substrate of community cohesion, where the majority of citizens could become

invested in solving the problems of others in the town. Surely this was a task greater than a few psychoanalysts could muster. Topekans of all colors and stripes would need to get involved. The psychoanalytic contribution was to identify a means by which both the conscious and unconscious compromises impeding change could be identified and the community's repertoire for solving problems could be enhanced. Could the psychoanalyst's appreciation of developmental capacities, transference enactments, unconscious conflict, object relations, and narcissism improve the community's ego strength?

For the sake of discussion at HCI meetings, the investment in community stabilizing systems was compared to the strength of character parents try to instill in their children. For example, courage and fairness, moral fortitude and charity, empathy and personal accountability, industriousness and civic duty, and many other "capacities" would be attributes of good character. Just as parents prepare their children for life's challenges by encouraging development of such capacities, communities need to develop and maintain the systems and capacities that form the base for that community's "character"³. Courage and fairness, moral fortitude and charity, empathy and personal accountability, industriousness and civic duty are all characteristics that help stabilize a community so that the people, groups, and enterprises within can operate optimally. The four stabilizing systems deemed essential for process-oriented maintenance of Topeka's community health are described in Table 1.

Table 1 about here

The HCI membership was designed to maximize an awareness of our

community's stabilizing systems or healthy capacities. HCI members were not chosen as representatives, in the typical democratic sense, of various groups or constituencies.

Rather, HCI members were chosen by virtue of their professional and personal commitment to enhancing the stabilizing systems within Topeka. Certainly this is not the only way to conceive of community stabilizing systems (CSS). Nor should these CSS be understood to represent all that a community requires to be successful. Of note is the purposeful exclusion of policy makers, politicians, and businessmen due to the solution-oriented, rather than process-oriented strategies intrinsic to each of these groups.

Politicians have to produce quick results or they will not be re-elected. An example of political shortsightedness was President Bush's decision to deny future federal support for research on stem cells, keeping only existing lines intact. This political compromise punts to future leaders the ethical and political dilemmas of what to do when, or if, the research yields significant results. Similarly business people are geared toward gaining any competitive advantage. The value of change is determined by the bottom-line, which is derived through goal setting and quick, effective decision-making. Does this mean that the participation of politicians and businessmen is unimportant to a healthy community? Absolutely not. Their greatest contribution occurs at the implementation and fundraising phase of the project. One model for integration of CSS with community agencies is depicted in Figure 1.

Figure 1 about here

Given the HCI perspective, when the stabilizing systems break down (or from a psychoanalytic point of view when the community ego strengths break down) leaders

shaping policy or spending money to help make a community more cohesive, safe, moral, and productive have less and less influence over the problems. As had happened in Topeka, without some degree of stability community members were pulled toward passivity, indifference, or demandingness. Leaders were pressured *To do! To fix! To spend!* Every special interest demanded immediate results. This call for action tended to be without the benefit of a clear understanding of basic needs or desired outcomes. The demand for a quick fix obscured the community's vision for the future. A vicious cycle began and it was easy to imagine how the trio of hate, violence, and divisiveness took root.

Healthy Community Initiative Basic Assumptions:

1) When these four stabilizing systems are supporting the community's general health, the stage is set for economic prosperity and effective political action.

John Dugan, former Topeka Planning Director, echoed this when he wrote: "Without a stable residential and institutional base, desired commercial, social, and infrastructure services are slow to follow if not impossible. ... Recognizing that neighborhoods come in all shapes and sizes, different policies or strategies are needed because of their conditions, character, and values. When these micro-policies are balanced and coordinated with community-wide objectives for the City as a whole, all passengers on the boat move forward at full and deliberate speed (1999, Section I, p. 1)."

2) People working within each of the stabilizing groups will see the blind spots within the programs or interventions sponsored by the other stabilizing groups.

For example, members from law enforcement are particularly adept at setting limits on

violence and enforcing the law. Members from the social services are adept at primary prevention of antisocial behavioral problems. Members from education are adept at helping youth become contributing citizens. Members from the faith community are adept at helping families find a moral compass. Given these different strengths, partnerships can be formed in which the police and mental health providers work together to help families and children involved in a violent incident. Educators and faith leaders can be recruited to follow-up and further heal wounds. The point is that once the power of the stabilizing systems can be recognized and harnessed, there are endless opportunities to forge partnerships between agencies, as well as helping, ultimately, Topekans learn how to help themselves much more effectively.

3) Relationships built on trust and understanding yield solutions with much greater staying power and effectiveness.

This is in contrast to agreements cobbled together through *quid pro quo* arrangements, or plans spelled out by outside experts. In the first instance resources and power are held in abeyance or doled out to gain an advantage. The risk is that turf can become more important than collaboration. In the second instance, the advice of experts may operate as scaffolding, but be of little use if the people in need cannot own the plan⁴.

To bring the example closer to home, in the absence of trusting relationships Cops might see Shrinks as quick to excuse antisocial behavior; and Shrinks might see Cops as quick to judge antisocial behavior (c.f. Marans, Osofsky & Osofsky this volume). Consequently representatives from these two community stabilizing systems may start to talk past each other, essentially setting at odds healthy capacities such as courage,

fairness, safety, and reparation (Law Enforcement & Justice) against empathy, personal accountability, public health, and social convention (Social Services). When representatives from one stabilizing system develop trusting relationships and open communication with representatives from another stabilizing system - as we have worked hard to do in the HCI group - then it becomes much easier to help solve each other's problems. Efforts to provide for safety and reparation can work in concert with efforts to ensure personal accountability and public health.

4) Credit for HCI accomplishments must go to those in the community who become involved and who ultimately are responsible for ongoing efforts.

We hope to empower community members to solve their own problems, which is akin to helping the analysts take over self-analysis as the process terminates. Over time this means that the presence and influence of HCI should fade into the background. We have viewed our mission more as being catalysts for change than the actual agents for change. As a group, HCI will not seek political affiliation, economic gain, public acclaim, or personal notoriety. HCI members are volunteers bonded by a dedication to the community rather than self-enhancing needs.

Investing Time to Develop a Process: HCI has not been interested in building a better mousetrap or usurping the efforts of other Topeka groups. To do so would increase competition for finite resources and add to the existing problem that the left hand did not know what the right hand was doing. For example, in response to the spate of school shootings a few years ago three different anti-violence youth groups scheduled events on the same weekend to initiate local prevention efforts. Their efforts, although well

intentioned, were uncoordinated. In essence, they were competing with each other for funding and community involvement to accomplish the same goals. Rather than add a fourth overlapping entity, the HCI emphasis had been on enhancing the stabilizing systems and healthy capacities that already existed. This was a new kind of strategy aimed at developing partnerships and clearing away the doubts and excuses that interfered with Topekans helping themselves.

This new strategy, with its different emphasis, operated under a timeline familiar to psychoanalysts. The HCI group discovered, as we tried to identify core problems in Topeka, that the underlying causes were complicated and overlapping. As with any neurotic symptom, the so-called fixations, regressions, condensations, and displacements were over determined. Repeatedly we returned to concerns about violence/crime, quality of life for our children, and the implications of Topeka's lack of identity and community pride. We discussed how a sense of entitlement, civic passivity, and/or lack of accountability hobbled those in need. For example, some Neighborhood Improvement Organizations suffer from poor organization and lack of vision. They seem to feel entitled to government funds and exude an attitude that the City has a duty to solve their neighborhood problems by producing more and more resources. This attitude and inertia stands in contrast to self-initiated groups that produce results for their neighborhood and generate their own momentum.

The distinctions between altruistic and violent community mindsets, used as a reference for arriving at a "diagnostic formulation" of Topeka's level of functioning, are listed in Table 2:

Table 2 about here

Topeka tended to weigh in under the violent mindset category. Creativity and thinking styles, especially among community leaders, tended toward anti-intellectual, short-term, stopgap solutions rather than strategies requiring reflection, abstract thinking, and future planning. The conflict between the Mayor and City Council, for example, resulted in leaders becoming confused and wasting energy over insignificant problems (e.g., one Council meeting was consumed by hot debate over whether or not to place a single stop sign in a residential neighborhood). Regressed power dynamics revolving around bully-victim-bystander roles led to oversimplified strategies.

Several times our level of concern about specific incidents or issues spurred us to take action. For example, the rocketing homicide rate, and reports of citizens killed in drive-by shooting crossfire. This experience could be compared to the urge arising within a clinical psychoanalytic context to provide symptom relief in lieu of developing an analytic understanding. Discipline and perseverance were required of the HCI group (as with the analytic dyad in a clinical process) to establish a broad view of Topeka's functioning. Discipline and perseverance were also needed to cultivate an appreciation of the roles of the four stabilizing systems within the community. We recognized that singular efforts to address problems such as crime resulting from drug trafficking were doomed to failure. Increased interdiction by Law Enforcement might remove many of the offenders in the short-term, but it would not help prevent the psychosocial problems contributing to children becoming addicts in the future. Increased anti-drug education programs in schools would reinforce messages received by children in stable homes, but

not necessarily touch those kids from chaotic situations where drug use might have a multigenerational legacy. Spiritual outreach and social service intervention could offer succor and healing to some, but many more might not have the wherewithal to avail themselves of such aid. So programs developed within any one of the four stabilizing systems might have some effect, but would undoubtedly fall short of a comprehensive plan.

This strategy of developing a “community-mindedness,” for lack of a better term, would have been short-circuited had we succumbed to our urges to do, to fix, or to spend. Instead the HCI adapted a disciplined approach of trying to assess just how the community functioned and how functional or dysfunctional the community was, how the community became dysfunctional and how the community’s dysfunction served it. Drug use and its accompanying criminal behavioral symptoms, including domestic violence, was identified as the final common pathway of a whole host of problems relevant to the community stabilizing systems of Law Enforcement, Social Services, Faith, and Education. Rather than pointing to drug abuse as the problem undermining Topeka, the HCI group developed a different kind of “diagnostic formulation” that will sound more familiar to psychoanalysts:

Table 3 about here

Appreciation of the degree of fragmentation, tolerance of unacceptable behaviors, expectation of failure, and apathy invited the inference that Topeka lacked a coherent narrative. This threshold is familiar to psychoanalysts, who specialize in using

interpretation to help analysts re-tell their personal stories.

The Power of Shared Experiences (or Knowledge in Itself is Insufficient):

At the very beginning the HCI group had loads of ideas without much personal experience living in high-crime neighborhoods. For the most part the members of HCI interacted with people from those neighborhoods when they came to the courts, clinics, schools, or places of worship. We were poised to offer intellectual solutions for problems that we had not experienced first hand. The psychological distance between those of us living in more affluent neighborhoods than our fellow Topekans living under more alarming conditions greatly diminished when we took “the Trolley ride.” Prior to boarding the trolley the HCI group had seen maps highlighting “Intensive Care” neighborhoods⁵ (e.g., in East Topeka - poverty rate: 32%, reported crimes rank: high, median residential property value: \$12,447, home ownership: 30%, and median residential sale price change in last year: -22%). Thus armed with lots of information and good intentions, we pulled up in front of a crack house. A resident living nearby described how the drug trade had systematically undermined the neighborhood. Across the street a widow regularly pried bullets from drive-by shootings out of the porch trellis for her morning glories. Irresponsible landlords repeatedly allowed the most scurrilous tenants to take up residence at this crack house. If forced to evict due to pressure from the police or the neighbors, these same landlords simply rented to a different batch of drug users. Through collaboration with a local program, *Safe Streets*, homeowners of Holliday Park neighborhood were making some headway, but there was a great deal left to do.

Onward the trolley drove through the *Intensive Care* and *At Risk* neighborhoods of Hi-Crest, East Topeka, and Old Town. One by one, neighborhood representatives took turns recounting the crime and blight that diminished their sense of safety. We stopped at many abandoned, boarded-up houses to hear the stories of their deterioration. Mayor Wagnon described how existing housing codes prevented demolition of many such sites. HCI members were shocked that it was not easier to offer help - whether in cleaning up code violations or directing police to obvious criminals.

Slowly layers of denial and projection were peeled away. These were parts of our city that we drove by every day, but that *we had managed not to see*. Yet here we were with our fellow Topekans hearing about daily experiences that diverged radically from our own. We began to feel what they felt. Every psychoanalyst knows that the experience shared with the analysand is the sum and substance of an analytic process. Analysts carefully monitor the nature and depth of exchanges, both verbal and non-verbal, between their patients and themselves. Whether described as a manifestation of infantile neurosis, projective identification, self object transference, or intersubjective phenomena, psychoanalysts thrive on these subversive phenomena. The subversion of one's habitual way of viewing problems clears the way for change. The subversion of one's habitual way of viewing neighbors clears the way for imagining a different community experience.

We cruised down a modest street not far from Monroe School, National Historic Site of the Brown v. Board of Education Supreme Court Case. The story of this neighborhood affirms with the groundbreaking achievement of Brown. The Community Police Officers recounted the sting operation that closed the open-air drug market on this

block a year earlier. Prior to that time residents were afraid to leave their home. Their fear kept them shuttered in their homes, resulting in overgrown yards littered with heaps of trash. On our stop there, we saw neatly mowed lawns and children playing out front. The residents had reclaimed their homes with apparent pride. Kids happily chased the trolley and their parents waved to the Community Police Officers. After what we had experienced so far on the ride, it was a relief to see that neighborhoods could turn around. Thankfully we were to see more of the same in Hi-Crest, but in Old Town the news was not so good. Many prostitutes were hanging out on the corners as we drove by.

The uncanniest moment of our trip was pulling up in front of a lovely gray Cape Cod cottage. In the small front yard, a middle-aged woman tended to her petunias and marigolds. A man sat nearby talking on a cell phone. They could have been any one of us. In the driveway was a late-model SUV. The woman who lived across the street was on the trolley with us and was eager to take the microphone. She spoke into the trolley public address system and described the parade of shady characters coming to this home at all hours to buy drugs. The Police Chief took his turn and listed the legal technicalities that hampered efforts by the police to close down this drug operation. So there we sat on the Topeka Trolley with the PA system broadcasting law enforcement efforts to arrest this seemingly average middle class couple, who relaxed in their yard on a summer's evening. Not more than ten yards apart, we looked at each other. They did not wave like the children near Monroe School, but neither did they turn away. We drove on.

In another alarming story, this time as we spent time in East Topeka, a very angry and frustrated resident described how code violations regarding junk cars in yards, as well as drug trafficking, burglary, and physical assault were commonplace in his

neighborhood. Several area thugs threatened arson to those that dared confront them. The resident had added so many additional outdoor lights his yard was ablaze each night in his efforts to increase his family's sense of safety. Next door, the charred remains of a house. Clearly uninhabitable, the City could not tear down the house because the damage did not meet building code criteria for demolition. An older woman had died in the blaze, suspected to be arson, because she could not escape. She had nailed her backdoor shut to prevent robberies.

This Topeka Trolley ride has been described in detail to provide a window on the shared experience of HCI members. We were shocked, saddened, angered. There was no doubt that help was needed.

What created even more of an impression was our collective self-realization that we had been so blind to the plight of our fellow Topekans. Our blindness made us complicit. One HCI member from a prominent Topeka family stated that he obviously did not know the town where he had grown up. The Police Chief later shared that he was "shocked" at how little we knew about our own city. Surely this indicated that the community stabilizing systems were not working well together.

The shared experience of witnessing the effects of a deterioration spurred by loss of hope, as well as the renewal possible when relationships were formed, galvanized the HCI group. The discomfort we experienced when removing our personal blinders highlighted the challenges facing HCI efforts to strengthen the substrate of community cohesion. For community traits such as courage and fairness, moral fortitude and charity, empathy and personal accountability, and industriousness and civic duty to take root in the neighborhoods seen on the trolley ride, all Topekans had to help. The City could only

do so much to promote community health. We could not see. We had to find a way to help others understand the shared experience that we had had on the trolley ride.

Building a Community Mandate:

As HCI members reflected on the trolley ride, the task shifted from identifying underlying contributions to Topeka's problems to enlisting the help of the community at large. HCI members had learned a difficult lesson about countertransference, denial, and projection when we had to acknowledge the degree to which we had overlooked the problems in *At Risk* and *Intensive Care* neighborhoods. Could it be that policy makers and others with power did not react to problems because the community as a whole did not see them?

Although we had seen and heard personal accounts of Topeka's problems, we were well aware of a lack of consensual community urgency. At the same time, Mayor Wagnon noted:

“Every time there is a headline about violence, people look to me and ask, ‘What are we going to do about it?’ There is a tremendous sense of unease in the community and schools.” Would the entire community need to become fed up with crime before a lasting and effective change could be achieved?

Topeka had a history of generating potential solutions without sustained effort at implementation. HCI felt it imperative for the community health of Topeka that any intervention strategy involve the population as a whole - not merely physically, mentally, or socially at-risk individuals. Given that the behaviors negatively affecting health and development occur among a variety of people in an array of contexts, the City had to consider the largest possible set of potential issues underlying the problems and address

those problems through a collaborative, multi-pronged approach. Knowledge (either about problems or potential solutions) was necessary but insufficient to create behavior change. Further, a single intervention addressing a single risk factor was unlikely to produce significant results. How do we get those living in *Healthy* neighborhoods to help out those in *Intensive Care* ones?

Given the growing conviction within the HCI group that many of Topeka's problems were attitudinal, we began to explore how we might take a baseline measure. With the assistance of Steve Pickard, MD, an epidemiologist, several specific questions were included in the annual Kansas State Department of Health and Environment survey questionnaire interview about Topekans' perception of Topeka, summarized in Table 4.

Table 4 about here

The hope is to have the survey questions administered annually to get a longitudinal reading to measure change. It is a complicated matter to assess perceptions of community members regarding the community, much less to interpret the findings. Dr. Pickard shared a set of positive predictors for community health distilled from research by the Kansas Department of Health and Environment and the Centers for Disease Control that we could use as a yardstick. State and county agencies around the country regularly conduct comparable epidemiological studies and a wealth of data is available to projects like the HCI.

Table 5 about here

Group Process and Group Outcomes

The HCI's long and complicated evolution into a work group was complicated by the fact that it was very different than the goal-directed process familiar to most community leaders. First and foremost, we cultivated awareness that HCI members were just as accountable and responsible for Topeka's problems as the people living in the worst neighborhoods. The clinical comparison can be made to helping the analytic patient realize that relationship troubles are not simply personality conflicts with other individuals that can then be objectified and externalized, but also have an intrapsychic template with many subjective facets - some of which can be consciously owned and some which must be unconsciously disowned. Developing this awareness was a challenge. For example, it took a full year to relinquish the urge to follow Robert's Rules of Order in favor of a slower paced, more reflective discussion. This transition involved clearly thinking through the problems (including resistances to acknowledging pain and frustrating complexities), as well as getting to know each other (not just as leaders solving community problems, but as citizen-participants accountable for the community's well being). Full collaboration required us to step out of our professional roles. This was facilitated by gradual and heartfelt use of first names (rather than Mayor, Doctor, Chief, or Reverend), wearing casual rather than work clothes or uniforms, and finally, meeting in each other's homes rather than at work places.

We took our cues on encouraging personal familiarity with each other from the intersubjective school of psychoanalysis. There the value of appreciating the subjective experience of both analysand and analyst is fully recognized, and psychological encumbrances stemming from objectification or categorization by either member of the

dyad are addressed through a measure of self-disclosure and subsequent analysis. The analyst is not simply the expert making observations from the outside, but an involved participant. In a similar fashion, we wanted to avoid having HCI members speak from within a particular role and thereby be less than fully immersed in the very human problems confronting Topeka.

We knew we were making progress when these CSS representatives began to relinquish the role of consultants, gathered to solve problems, and started to recognize their own participation in the perpetuation of problems. It was then relatively simple to tap into their sense of obligation to become involved in solving problems both within their own CSS, as well as across CSS. HCI members had to absorb the issues and become intensely and personally motivated to solve them: they needed to become committed social activists. We banked on this strategy as a means of preventing our recommendations from ending up in a forgotten filing cabinet drawer.

These goals were partially achieved. The trolley ride had been a major motivational impetus. We felt that we had achieved some insight into the communities we visited, though we were far from fully understanding their deep-seated problems. As well, we had arrived at a better understanding of each other's biases and priorities. After all this work we took a poll of members and laid out five projects we felt were necessary to strengthen the Topeka community so that it could be safer and more creative.

Five Projects for a Healthy Topeka:

1. Support Successful Community Interventions

Safe Streets a program that had been in operation for several years, was the brain

child of a Lutheran Minister and social activist who, through his intense commitment to the project, had obtained city and outside funding to hire a dedicated staff, and to develop training procedures and interventions. The program had been highly successful and welcomed by the people it served. Interventions involved working with neighbors or landlord and tenants who were in conflict, helping individuals and neighborhoods reduce problems with gangs, violence, drugs trafficking, and prostitution, and connecting networks of helping individuals. One of the programs shortcomings was that it only responded when individuals or neighborhood representatives called for an intervention. This maximized participation and positive outcomes, but little prevention or outreach was incorporated into the model.

In line with the HCI objective of mobilizing existing resources, we decided that it was desirable to extend the *Safe Streets* initiative into new areas, particularly prevention, education, and policy coordination. In other words, HCI would help build on to *Safe Streets*' existing partnerships with the City Government, Law Enforcement, and Education. We explored how we could procure use of the city television channel to broadcast programming relevant to the *Safe Streets* mission, particularly with regard to training of natural community leaders and promoting the *Safe Streets*' Youth Citizens Academy.

2. *Care of Children*

A Topeka Police Department officer informed the HCI group of a survey on the prevalence and corresponding reporting rate for domestic violence. Worrying statistics suggested that less than 10% of all domestic violence was actually reported to the police and if reported, only a small percentage of these cases were prosecuted because the

family courts were unable to handle the increased caseload. Clearly, family safety and family conflict put enormous pressure on the functioning of all the community stabilizing systems and needed to be directly addressed. The Yale Child Study Center's Child Development - Community Policing program was identified as an immediate aid (Marans this volume). As of the time this chapter went to press, efforts to bring this program to Topeka continue. Other local community efforts included reinforcement from local businesses for outstanding community service by children, access to parenting skills through churches, social agencies, and schools, and the encouragement of all Topeka's public schools to have an effective violence prevention program in place within three years.

3. *Neighborhood Organizations*

Federal funding for Topeka's Neighborhood Improvement Associations (NIAs) resulted in unintentional and heated infighting over how this money was to be spent. The NIA leaders often promoted themselves as having the interest of the neighborhood at heart, but later emerged wielding personal axes to grind, or fundamentally extreme religious or political opinions. With this kind of leader at the helm, the NIAs typically degenerated into self-centered groups attempting to use money for idiosyncratic and highly personal goals, often accompanied by much complaining and fighting. In contrast, volunteer community service or neighborhood watch groups, self-initiated in the absence of government funding, were much more proactive, collaborative, and altruistic.

Given this observation about the distinctions between groups on the dole versus self-initiated projects, the HCI group planned several new interventions aimed at selecting and training natural helpers and leaders within neighborhoods. Previous

research (Patterson, Memmott, Brennan, & Germain 1992) has characterized natural helpers as those who do not seek notoriety or accolades for their work, but receptively listen and facilitate the creation of solutions by clarifying a problem, rather than carving out a leadership role for themselves. The analogy with the psychoanalyst is obvious. In a study of natural helpers in a small Midwest community, the typical profile was a middle-aged housewife with no particular education in psychotherapy, or helping for that matter, but who provided an open mind and receptive ear. The HCI group reasoned that in most communities, specifically in Topeka, natural helpers have only to be discovered and cultivated. This became a primary goal for HCI.

Specific interventions that could be embraced by a motivated natural helper, might include the adoption of sister institutions across town to share in charitable activities, school projects, performing arts, and civic tasks. For example, kids in affluent neighborhoods could collect old bicycles for kids in “intensive-care” neighborhoods. Kids in “at-risk” neighborhoods could challenge comparable schools in other parts of Topeka to see who could have the most consecutive peaceful school days. In partnership with schools or houses of worship, this sort of outreach could also be extended to other communities for the mutual enrichment of all. An additional idea would be to encourage local business promotion of cultural arts exchange from one neighborhood to another. For example, shopping centers in different parts of town might enable the sharing of community stories, traditions, and myths, which often become diluted and even ruined by the fragmentation that occurs in unhealthy and self-centered communities.

Neighborhood projects suitable for natural helpers to lead could include the coordination of complex cross-neighborhood projects, such as the sharing of community

beautification activities, or the care of the elderly or terminally ill. Opportunities for such involvement already exist in the ongoing programs of many churches, temples, and parent-teacher organizations, as well in nationally organized projects like Habitat for Humanity. The HCI narrowed its focus to how we could help coordinate and increase support for the utilization and evaluation of such programs, and at the same time handle other emerging community problems; for example, identifying and rehabilitating vacant houses.

4. *The Community Self-Image*

City governments often focus on fostering a healthy public image as a substitute for community help and as enticement for potential investors, and Topeka was no different. There had been a number of focal efforts to improve Topeka's image under the auspices of highly motivated, goal-directed community volunteer organizations, such as the Junior League, which had had little direct effect on Topekans and others. After much discussion the HCI group concluded that positive affirmations and vigorous marketing could do little to stem deeper problems in Topeka's "self-esteem." Instead, we looked to identify a *shared experience* that could unite the community in an affirming manner, which we found in the form of a theater performance. The REVELS (1998) is a national group that employed volunteers to create a locally relevant script and large-scale community celebration and thus provided a creative option for Topeka.

5. *Mobilizing Community Spirit*

The HCI group discussed how different religious faiths, although occasionally in opposition to one another, had the potential to work together to provide reflection and a deepening perspective on our community problems that would complement initiatives by

goal directed people focused on the bottom-line. For example, Faith community leaders were interested in developing public-safety neighborhood forums based on values rather than crime statistics. A mosaic of peace was discussed including assessment of housing needs, crime, drug abuse, and collaboration in addressing these issues. A plan was formulated to organize teams of worshipers to make door-to-door visits in the areas around their place of worship to learn about their neighbors. Thus each quarter, or on specific religious holidays, congregants will become involved in demonstrating that values such as charity, humility, spirituality, tolerance, altruism, mercy, and generosity belong in the neighborhood.

Taking Stock After the Eighteen Months

After eighteen months of activity the core HCI group had consolidated to about 10 members. Those with personal agendas had by then learned that the group was not going to be a conduit for their specific projects. Those who were frustrated by the lack of action dropped out. A number who had clear political motives for joining were able to bow out without loss of face since it was clear that the group would not be used to elect any member to an office or to support any specific political agenda.

The group, through developmental process and attrition, was distilled down to members committed to the community-as-a-whole and to each other; a process we feel is essential to the development of effective community interventions. This core group of HCI members selected the most interesting of the five projects detailed above and began to develop means for attracting stakeholders to address their goals. Additionally, they planned to attend City Council meetings on a regular basis. In reflection, it seems

remarkable that the HCI group had been able to sustain its selfless and altruistic mission. Even those with a clear political agenda, like Mayor Wagnon, did not try to derail the HCI process in favor of quick fixes. The core group now spent significant time exploring grant / funding resources and planning how different communities stabilizing systems could assist each other in bringing about changes. Then the unexpected happened.

Significant, and in some cases dramatic, shifts in leadership occurred within the HCI group as well as in significant sectors of Topeka. First, Mayor Wagnon, who had strongly supported HCI, was defeated during the primary race for re-election, despite efforts to rescue her image and to promote what was good for the city as a whole. Her defeat was punctuated by the placement of an extremely derogatory effigy outside her City Hall office, allegedly perpetrated by two City Council Members. That hateful act cast an intimidating pall over the subsequent general election. The populace was outraged, but the Council and Mayoral political candidates would not touch on the issues of hate, violence, and divisiveness embodied in the act. The HCI group met with the new Mayoral candidates, who had been supported by entities seeking to oust Mayor Wagnon. Both candidates superficially supported our initiative but without pledging active commitment. In a second leadership disruption, Stuart Twemlow, co-founder with Mayor Wagnon of HCI, decided on a job change that would take him out of Topeka. Leadership was transferred to Sallye Wilkinson, who, due to organizational restructuring at her place of employment, was undergoing a major career transition of her own. Concurrently, the leadership of the Topeka Police Department, as well as several major private sector and municipal entities in Topeka, were in flux. It was not clear who might emerge to lead on many levels of Topeka's functioning.

With so much internal and external change, the core HCI group became divided. One subgroup felt that Wagnon's political defeat nullified the initiative's purpose and that Twemlow's HCI strategies were irrelevant because, as one member expressed it, he "had left and is no longer part of the community." Just as Mark Twain observed that news of his death was premature, Twemlow remained very involved in HCI through teleconferences, as well as with the community through regular family visits and his leadership in rolling out a "Peaceful Schools" program involving a large number of Topeka's public schools. Clearly some of the pitfalls familiar to readers of Bion (1952) were operational within the HCI group dynamics. The other subgroup, more committed and invested in the altruistic goals and projects of HCI, wished to continue and in fact did so despite these vicissitudes of leadership. We feel that the HCI continued because it was based on a long-term process oriented toward realistic assessment of what needed to be worked through and implemented.

Much like clinical psychoanalysis, the psychoanalytic community process exemplified by HCI involves understanding, however slowly, what can and cannot be achieved, and accepting less than what was unrealistically wished but more than what was unrealistically feared. To date the HCI process has demonstrated how neighbors making the effort to clearly appraise the strengths and weakness of Topeka can be transformed into stakeholders willing to engage in a "community working through" of problems. As was often the refrain in HCI meetings: The City Government can initiate change, but maintaining progress is up to the neighborhood and community.

At the time this chapter went to press representatives from the CSS of Education and the Faith Community had faded in their participation. However, representatives from

Law Enforcement and Social Services continued to actively work toward increasing and formalizing partnerships between these two community stabilizing systems: a picture familiar to psychoanalysts used to the waxing and waning of hope and motivation during advances and regressions in analysis. The work of Topeka's Healthy Community Initiative is ongoing and will be reported on as its effects result in useful community partnerships, social institutions, or, conversely, important lessons drawn from any shortcomings.

Footnotes:

1 Topeka Capital Journal, 2-27-2000

2 Topeka, the capitol of Kansas, has a population of approximately 125,000 people with 50,000 more in the surrounding county. 82% of the population is Caucasian, 9% African-American, 6.5% Hispanic, 1% Native American and 1% Asian. Approximately 60% of the population is younger than 45 years of age. The modal income is \$47,000. Incomes exceeding \$150,000 range above the 95th percentile. Topeka is rich in history. Lutie Lytle, who in 1897 became the second African-American woman admitted to the practice of law, called Topeka home. The Santa Fe Railroad was founded in Topeka. Topeka was the home of Margaret McCarter, the first woman to speak at a national political convention (Republican 1920), as well as Charles Sheldon whose book, *In His Steps*, is the source for the phrase "What would Jesus do?" A Topeka dentist professing that his services "didn't hurt a bit!" created Alfred E. Newman, the smiling icon of *Mad Magazine*. Charles Curtis, the only Native American to serve as Vice President (Herbert Hoover) was born in Topeka. The first million-dollar high school was built there in

1931. Alf Landon, Republican Presidential Candidate opposing FDR, lived in Topeka where he raised his daughter, Former Senator Nancy Kassebaum Baker. In 1954 the United States Supreme Court decision in the Brown V. Topeka Board of Education changed the face of civil rights forever. The Menninger family founded the first psychoanalytic institute west of the Mississippi in the 1940's and the Topeka Institute for Psychoanalysis supported the development of institutes in Denver and San Francisco. Famed stripper Gypsy Rose Lee gave her first performance and Carrie Nation, the temperance crusader, lived in this town. Jazz great, Coleman Hawkins also lived in Topeka as a youth, as did poets Langston Hughes and Gwendolyn Brooks. Topeka hosts the only municipally funded university in the United States. Washburn University's Law School counts Senator Bob Dole among its graduates. Today Topeka hosts several major businesses. It is a regional medical center. Payless Shoesource, the largest shoe manufacturer in North America, has its world headquarters in Topeka. Jostens Publishing prints most of the school yearbooks around the USA. Topeka is also the perennial butt of many jokes that need not be listed here. Some of these jokes are not deserved; Topeka simply functions as a convenient target for projection. Other jabs are deserved. In 2000 the Kansas Board of Education voted to remove the study of evolution from school science curricula. This has since been repealed. Recently a female State Representative opined that the 19th Amendment, which gave women the right to vote, was unnecessary. In this woman's opinion, if families were functioning optimally women would stay home and not vote. Finally - regrettably - Topeka is home to a cult that travels the nation to picket against homosexuality (their hateful definition of homosexuality is broadly conceived and encompasses any person or issue they dislike).

Topeka is Midwestern in the best and worst sense of the term.

3 At the time, Topeka was participating in the “City of Character Program” which promotes a character word each month to heighten people’s awareness of desirable traits. Examples include “orderliness,” “forgiveness,” and “responsibility.” Thus to use the word “character” in this report had some validity for Topekans. For psychoanalysts, use of the word “character” to describe objectives for psychoanalytic interventions in the community is more complicated. However, it may provide a springboard for the purposes of our discussion.

4 Cited from the “Healthy Community: Explanation of Health Map,” produced for the Topeka-Shawnee County Metropolitan Planning Department, September 23, 1999, by John Dugan, AICP, Re: Work Session #2, provides a helpful reference. Mr. Dugan wrote about relationships as follows: “By their nature, volunteer neighborhood organizations are rarely equipped as specialized implementers. However, they are critical partners for neighborhood development in the role of community conveners and consensus builders (e.g., tax incentives, TIF. As representative of the neighborhood they must define a vision for the area - what they want to see in the future - before enlisting the help of specialized implementers. Without a neighborhood’s clear direction or planning, specialized implementers are apt not to follow. Because of the need to rely more on local solutions to community development problems, it is imperative that non-profit, private, and public entities be quipped to provide results. The local government offers unique tools for development, including eminent domain, grants, etc.) to entice an otherwise reluctant private market to respond. In addition, data collection can be more readily and evenly performed by local government to be shared with neighborhood partners. If any

partners in this mutually beneficial equation are poorly equipped, they all suffer.”

Section I, p. 4 [italics added]

5 Once again, the “Healthy Community: Explanation of Health Map,” produced for the Topeka-Shawnee County Metropolitan Planning Department, September 23, 1999, by John Dugan, AICP, Re: Work Session #2. A summary of conditions for this intensive care neighborhood reads: “This neighborhood area exhibits very serious distress as evidenced by the high number of spot demolitions, vacant lots, and boarded houses interwoven through the residential blocks. Even with high percentage of single-family homes, not even 1/3 are owner-occupied. Market values for homes have dropped precipitously since 1990. Commercial strip corridor along 6th Street presents poor image, while population lacks buying power to support neighborhood-serving businesses. Scott Magnet [School] is the type of major investment that could be used to build a comprehensive revitalization program around. High percentage of vacant lots near Interstate access could pose major opportunity for investment. “At Risk” neighborhoods, such as Historic North and South Topeka had a 19 % poverty rate, with crimes reported below average; median residential property value: \$18,773. Home ownership: 37.7%, boarded houses: 5, median residential sale price change: -43%. While still an at risk neighborhood, this area is showing signs of accelerating towards an intensive care rating. All stability indicators are alarmingly high indicating the pace of deterioration and population characteristics are changing fast. School issues cannot be ignored. Home ownership rates are hanging on and crime is actually below average. The area has tremendous potential because of its historic character and business district revitalization. “Out Patient”, such as Hi-Crest (East) had poverty rate: 5%, crimes reported rank below

average, median residential property value: \$44,397, home ownership: 68.5%, boarded houses: 0, median residential sale price change: -2%. Although generally stable and showing fewer signs of property maintenance neglect, this area is showing some signs of distress, particularly in the post-World War II subdivisions. These houses have very small square footage bucking the trend of larger house demands and the lack of sidewalks, alleys, and confusing patterns do not encourage a sense of community or interaction. “Healthy” neighborhoods such as Randolph/Collins Park had poverty rate: 1/5%, crimes reported rank: above average, median residential property value: \$81, 450, home ownership: 82.7%, boarded houses: 0, median residential sale price change: 10%. This is a very stable and healthy neighborhood area that shows few if any signs of property maintenance problems. Land use is almost exclusively single-family residential. People and children use their front yards, walk on the sidewalks, and play in the park.

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Table 1: Description of Community Stabilizing Systems

1) Law Enforcement & Justice: A community stabilizing system supporting the healthy capacities for courage, fairness, peace keeping, safety, reparation, restitution, etc.

2) Faith Community: A community stabilizing system supporting healthy capacities for moral fortitude, charity, humility, spirituality, tolerance, altruism, mercy, generosity, etc.

3) Education: A community stabilizing system supporting the healthy capacities for industriousness, civic duty, integrity, achievement, enrichment, socialization, artistry, etc.

4) Social Services: A community stabilizing system supporting the healthy capacities for empathy, personal accountability, self-expression, public health, social convention, etc.

Table 2: COMMUNITY MINDSETS

	Violent Mindset	Altruistic Mindset
Thought Patterns	Reactive Narrow Range Preservative	Proactive Wide Range
Ruthlessness	High	Low
Economic Prosperity	Variable	High
Inner Peace	Low	High
Outer Peace	Low	High
Power Struggles	Unforgiving Fixed Bully-Victim-Bystander dynamics with unstable political structures	Forgiving Stable political structures
Greed	High	Low
Envy	High	Low
Contempt	High	Low
Materialism	High	Low
Narcissism	High	Low
Creativity	Low	High

Table 3: HCI Consensus Regarding Underlying Causes of Topeka's Problems

- **Fragmentation** - geographic, economic, social, religious (e.g., collapsed dialogue between faiths), administrative (City Council conflict resulting in micro-management without due acknowledgement of the big picture)
- **Tolerance of the Unacceptable** - lack of community concern regarding violent crime prevention, lack of concerted community action against hateful anti-gay picketers, neglect of children and inadequate parenting
- **Expectation of Failure** - government (electing officials, then daring them to succeed), business & community growth (stagnant downtown), common civility (disrespectful speech toward one another both publicly and privately)
- **Apathy/Poor Attitude** - lack of follow-through to correct identified problems (e.g., lots of proposed solutions with sparse implementation), cultural blandness, lack of involvement in addressing someone else's problems, negativism among influential people

Table 4 - Structured Interview for Anonymous Telephone Survey

1. How would you rate your community as a place to live?
 Excellent
 Very Good
 Fair
 Poor
2. How long have you lived in the community in which you live now? _____
3. During the past 5 years, have you been active in a coalition or civic group that attempted to address one or more community problems?
 Yes
 No

Rate your community on each of the following questions as Excellent(5), Very Good(4), Good(3), Fair(2), or Poor(1):

- | | |
|--|-------------------|
| a. Willingness of citizens to become involved in community issues | 1...2...3...4...5 |
| b. Availability of effective leadership for solving community problems | 1...2...3...4...5 |
| c. Cooperation and communication between community organizations (including government, civic organizations, and social agencies). | 1...2...3...4...5 |
| d. People sharing a sense of belonging to the community | 1...2...3...4...5 |
| e. Past history of success at problem solving | 1...2...3...4...5 |
| f. Community-decision making shared among community members and among community organizations | 1...2...3...4...5 |
| g. Community investment of financial resources in community problem solving | 1...2...3...4...5 |
| h. People available in the community with skills to solve community problems | 1...2...3...4...5 |
| i. Shared values and vision among community citizens | 1...2...3...4...5 |
| j. Self-honesty and ability to learn from mistakes | 1...2...3...4...5 |

Table 5: Predictors of “Community Capacity”
(Derived from ongoing research by CDC & KDHE)

Strong Predictors of Community Capacity - Past history of success at problem solving; cooperation & communication between community organizations (including government, civic organizations, & social agencies); self-honesty & ability to learn from mistakes.

Good Predictors of Community Capacity - Availability of effective leadership for solving community problems; community decision making shared among community members & among community organizations.

Moderate Predictors of Community Capacity - Shared values & vision among community citizens.

Not Predictive of Community Capacity - Community investment of financial resources in community problems solving; people sharing a sense of belonging to the community

Figure 1

Interaction of Community Stabilizing Systems (CSS) in A Safe Connected Community

