

## My Life as a Community Activist

Tom Wolff

### Abstract

The author recounts his life as a social justice activist and community psychology practitioner. He shares his upbringing, family and education and his experiences working in a variety of settings. The story shows an evolution from working with individuals to working with whole communities, from working on issues of remediation to working on prevention and finally focusing on empowerment, social change, and social justice. Parallels are drawn between his life and the social issues of the time. The author recounts the questions that emerged as his life and career developed: Can my work in psychology relate larger social issues? Can I find a setting that will allow me to work to create social change and reduce oppression? How can our spirituality inform our work for social change?

## **Introduction**

I live in a small town in Massachusetts. Leverett's government centers around the annual spring town meeting. The meeting runs all day and every resident who shows up gets to vote. We elect our town officials, pass our annual budget, and handle policy changes in zoning and planning. This process represents American democracy at its most basic and obvious level.

In 2004, the Planning Board brought a zoning change proposal to town meeting. It aimed at greater flexibility in land use which led to a clear sense of unhappiness from some residents. However, it also led to active discussion regarding the need for affordable housing. People lamented the loss of the economic mix that made up the town only 20 years earlier. The group agreed to form a new affordable housing committee. I knew I was hooked. At the end of the meeting, I gave my name to the Select Board as a volunteer for the new committee.

In this familiar action, I found myself stepping up to be a community activist. A combination of three variables usually pulls me into engagement: personal concern, positive social change, and the chance to make a difference. I care about the issue of affordable housing in my home town, the topic is tied to issues of social justice, and I believed I could make a difference. I knew the project would require an enormous amount of work, and it would take many years. All of these things are turning out to be true.

I'd already been on this path in my town a few times in the past. A decade before, at another town meeting, I had agreed to be nominated for the school committee. Passion about what was happening at my daughter's junior high school spurred me on. I spent three years trying to understand, manage, and effect change at the local elementary school and the regional junior and senior high schools. I made the decision to do this work in a moment of passion concerning an issue that involved quality of life for our community. Once again I felt I could make a difference.

The most satisfying accomplishment of my local community building involved leading Leverett's effort to build a community playground at the elementary school. We recruited a

wonderful planning committee, received donations for most of the materials, and coordinated the construction of a magnificent playground over three days of work. More than one hundred men, women and children pitched in. It was an inspiring process.

These anecdotes illustrate some of what I've learned about myself and what sets off my activist spirit. The forces that have made me a community activist developed over six decades and have directed both my personal and my professional life. Each time the challenge appears, I've ended up in a fascinating situation, doing what feels like meaningful work. Sometimes I've succeeded, and sometimes I've failed.

I've also learned that every time I give in to the desire to get involved with community, I will face brand new questions about community life and about myself.

So I'd like to tell the story of my life of community building chronologically, while highlighting the questions that I was struggling with along the way. My present work, which focuses on collaborative solutions, is the culmination of this lifetime of questions and experiences.

## **Seeds**

I was born in 1944 in the borough of Queens in New York City, the middle of three sons in a German Jewish immigrant family that fled Nazi Germany in 1938. Our community of Kew Gardens contained many similar Holocaust-surviving families. The dramatic family flight from Nazi Germany played a role in my social activism, although indirectly. My family almost never talked about the Holocaust or Germany. Over time I came to understand the Holocaust as the experience that brought my family to America and made them who they were. My father arrived with almost nothing in his pockets and built a successful office-equipment business in Manhattan. My mother painted abstract art while raising a family. As a middle child, I learned skills later useful in community mediation. My brothers and I played sports, collected baseball cards, and eagerly anticipated summer camp in New Hampshire. At camp, the sense of being part of an organized, thoughtful, funny, and caring community set me up for life. The country location began my lifelong passion for rural living.

My elementary school and junior high school were relatively small. However, any illusion of community disappeared when I attended Forest Hills High School, with 1500 in my

class. The school was huge, the social pressures enormous and I was very young (graduated at age 16). I was lost.

## **Clark University**

No surprise: when it came time for college, I found a small, liberal arts school outside of New York City; I hoped that I wouldn't get lost there. At Clark University from 1960-64 I found my voice, my interests, and began to experiment with community leadership and activism.

I was not initially involved with matters of social justice and social change. I became class president, and found I could initiate ideas and be heard. Clark had a great sense of community both among the students and between the students, faculty, and administration. The environment encouraged thinking, discussion, and critical exchange. I didn't know how rare that was in higher education.

In my senior year, I made a significant shift: from majoring in biology to psychology. The psychology department was alive, vibrant and challenging. Mort Weiner was a warm, provocative and wonderful mentor who pushed my thinking. He was a clinical psychologist, and made it seem like a reasonable career option. Clinical psychology looked like a good match for my emerging interests. I began to know that I needed to work directly with people, not in a lab.

I grew more in the four years at Clark than in any similar period in my life, but only now do I see how formative my experiences were. The first unspoken question during those years was: *Can I emerge as a community leader?* Once the answer was clearly yes, the next questions were: *What do I do with that leadership? How do I make it valuable to myself, my community, and the world at large?* These questions were emerging as I graduated.

## **Rochester**

I was accepted into the clinical psychology program at the University of Rochester, a high-quality graduate program where I had only eight fellow classmates.

Graduate school was a shock. Immersed in rote learning, I found myself without the intellectual atmosphere and stimulation I had become use to.

In my first year I was ready to drop out. But by year two, things began to look up. Academic classes were limited to Monday and Friday, while we spent the rest of the week in clinical placements. Looking back, I am amazed at the efficiency of our training program. At the end of four years, most of us graduated with finished dissertations and completed internships. I

believe we were at least as well-educated as the current crop of Ph.D. clinical psychologists who take five to seven years to finish and then begin internships. My dissertation was on the preventive role of group discussions in dorms, led by professionals and lay facilitators.

The next question about community activism that emerged for me was this: ***How can I use both my leadership skills and my growing knowledge of psychology for the greater good of society?***

While in Rochester, I began to explore the social justice aspects of community activism. I did some work in the African American community, during which I met with members of FIGHT, an organization created by Saul Alinsky. Opposition to the Vietnam War also became a focus for me. One Sunday I went to a Unitarian church to hear Allard Lowenstein speak about Eugene McCarthy's presidential bid. I became involved in McCarthy's campaign. Lowenstein was a dynamic civil rights and anti-war activist who helped convince McCarthy to run for president. In our little farmhouse outside of Rochester, where we set up a local headquarters for McCarthy; a rock was thrown through our window.

Meanwhile, in the graduate program we were being trained in one-to-one, remedial, pathology-based work. Yet there was a hint that clinical psychology could be connected to community change. Emory Cowen was introducing concepts of community mental health. These ideas sparked another question: ***Can my work in psychology have any relationship to the larger social issues of race and poverty and injustice?*** We heard Saul Cooper, a leader in community mental health practice from the Washtenaw Community Mental Health Center in Michigan, talk about his preventive work in schools. We read Reisman, Cohen and Pearl's *Mental Health of the Poor* (1963). We heard about work being done by psychologists in inner cities.

I left Rochester in 1968. Thrilled to be out of graduate school, I knew I did not want an academic career in psychology and a life in research. I knew that I wanted to work with people in communities on issues of social change and social justice. I was fascinated to take these concepts to another campus setting in a real job.

## **Cleveland**

Jobs in student mental health were not plentiful. I found one at the Case Western Reserve University Medical School's Department of Psychiatry in Cleveland. I left for Cleveland with some trepidation. CWRU's Psychiatry Department was extremely conservative, and included a

Psychoanalytic Institute—a rare combination. I would divide my time between an inpatient unit and the Student Health Service.

I saw that I could make a contribution by encouraging the use of social milieu therapy (on the inpatient units) and of group psychotherapy. Getting a conservative Psychiatry Department to accept group psychotherapy was a terrific learning experience for me. My efforts met with both great resistance and wonderful support. I found it harder to move from my clinical work in student mental health out into the campus community. Neither the student health service nor the deans liked that idea.

So I sought other avenues for my community activism. We were deep into the racial disruptions of the late '60s and '70s, along with a more active antiwar movement. Urban communities like Cleveland were fermenting.

Two research psychologists holed up in the basement of the Psychiatry Department recruited me for a number of community political activities. One was the Save Ahmed Evans committee. Ahmed Evans had been accused of single-handedly causing the race riots in Cleveland and been imprisoned. Much evidence seemed to indicate that he had been framed. The people working for his release were generally older than me, and well embedded in Cleveland's liberal and radical politics. During a press conference, the group was looking for a fresh new face to represent it, so I was chosen as spokesperson. Interestingly, when I filed a Freedom of Information Act request with the FBI many years later that event sat in my file.

Cleveland was not far from Kent State. When the National Guard killed students during an antiwar protest on that campus, the Case Western campus exploded. Students protesting the war sat down in the middle of the main street. The Cleveland police rode in on horseback, equipped with riot gear. The liberal dean of the college tried to negotiate between the two groups until the police decided to scatter the students. As I stood on the lawn of the student health service watching this violence, I had a growing sense of wanting to do more to end the war and to fight injustice.

In Cleveland, I met my beloved Peggy and we got married. Peggy is a remarkable woman and partner. Her own activism on a wide range of issues (holistic nursing, environmental illness, etc) has allowed her to be patient and supportive of my many social change adventures. She has also taught me to see and value the pursuit of spiritual perspectives in our lives together. Our over thirty years of marriage have been magical. .

My new question was this: *Can my politics, social action, and beliefs in social justice be integrated with my mental health job?* I was passionately drawn to the complex social problems that were facing our communities and our world. I felt helpless watching the United States lose over 50,000 lives in Vietnam. At the student health service, I was told that I could develop community prevention programs when the waiting lists for psychotherapy slowed down. This translated into “never.” I needed to find a campus job where community work was in my contract. Peggy and I talked it over and we began to search.

## **Amherst, Massachusetts**

I found what looked like the ideal job at the University of Massachusetts Amherst in 1971. The student mental health service wanted someone who could combine counseling students with campus-based prevention and community mental health work.

Finally, I had the freedom to explore ways of developing effective community work. I began with more traditional forms of campus intervention: training peer counselors and paraprofessionals. In the next years, my programming expanded. We added preventive counseling to the contraceptive clinic.

I began to think of my goal at UMass as working with student paraprofessionals to create systems change (Wolff, 1974). This work built on my classmate Julian Rappaport’s work on empowerment (Rappaport, 1981).

In the spirit of the time, colleagues and I brought Saul Alinsky to the campus and I got to meet one of my heroes. Alinsky had noted, “What follows is for those who want to change the world from what it is to what they believe it should be” (Alinsky, 1971, p3). The visit was, in retrospect, amusing. We had Alinsky meet with student leaders, hoping that he would encourage their activism. Instead, Saul—in his inimitable manner—asked how many were paying their tuition. When only a few raised their hands, he said, “I really can’t talk with you. Bring me your parents; they’re the ones with the money and the power.” We should have guessed that he would turn his provocative tactics on us and the students. Regardless, we did manage to have a conversation with him.

UMass, with 25,000 students, was its own community. I could begin to see a relationship between the students who were coming for counseling and the environmental stressors. In fact in one project, we used the Moos environment scales (Moos and Gerst, 1974) to give feedback to

the residential staff. The logic of a community approach to mental health and systems change became even clearer and more tangible to me.

For example, the university owned 185 apartment units for married students, clustered off campus. Although the university took major responsibility for providing services to undergraduates who lived in its dormitories, it took virtually no responsibility for the married students. This population was under a great deal of stress: often one parent was in graduate school, creating situations with little money, young children, etc. More than a hundred young children lived in these complexes with no playground and minimal child care services. We began the North Village Program for Families (Wolff and Levine 1977), hiring local moms and dads as paraprofessionals. This led to an infant/toddler program in affiliation with an academic department; the development of a playground; and, a range of other community-building activities.

I was greatly influenced by the work of George Albee (Albee, 1983). George was one of the few community psychologists I met who actively included politics and social change in his commentary. He developed a wonderful primary prevention formula that he presented to Congress. He included oppression, racism, and social injustice as stressors in the formula. I began to integrate these concepts into my work and taught a class for student leaders on planned organizational change: how to go about social change on campus in a step-by-step manner. I developed the course in response to a need consistently expressed by student leaders, who asked for help in becoming more effective campus leaders. In the beginning, the course was mainly for dormitory leaders. For example, I worked with the head of a 23-story dorm to create a highly effective community agreement that residents would no longer throw bottles out of the upper windows—its success reflected a major change in quality of life.

The students found that simple organizational-development techniques, along with the readings from Alinsky and others, were very useful. In the last year the course was offered, the president of the Student Government enrolled to see if he could figure out how to unionize the students. The heads of the Everywomen's Center and the Black Student Action Center signed up to see how they could increase the budgets for their organizations. Yet the Student Health Service felt the course no longer met its objectives and canceled my work on it. They also offered me a one-year contract, the equivalent of probation. This was the beginning of a pattern that repeated with many of my employers: they loved the community goodwill that my work



generated, but were unhappy with any resulting controversies. In this case, my colleagues across the campus protested to the Vice Chancellor. My contract was returned to the normal two-year range. But, it was time for me to leave. I had demonstrated having a power base outside of the health service. This made my superiors uncomfortable. Although I could stay, the situation would only get more difficult.

My job had offered me an amazing environment in which I could learn what was wrong with our traditional helping system and could see that alternative interventions could really make a difference. There was no question that the programs we developed had a greater impact on student mental health than simply providing one-to-one psychotherapy. ***My emerging questions: What was the full range of community change interventions that I could help implement? How powerful could more formal networking be in helping to create change? Can I find a setting, hopefully a mental health setting (I'm a psychologist, after all), that will tolerate my questions and permit me to do work that creates social change and reduces oppression?***

## **Franklin Hampshire Community Mental Health Center**

I responded to an ad for a job as a Director of Consultation and Education at a new community mental health center. This was as close to an ideal job as I could imagine. Indeed, the center's director actively recruited me to apply

I held this position at the Franklin Hampshire Community Mental Health Center for just short of five years (1977-82). Funded by grants, my job was based on a local needs assessment that set priority areas as child sexual assault, domestic violence, and issues regarding the elderly.

At the start each staff person went out and talked to anyone who had anything to do with these three issues. After three months, my staff knew a lot about these issues as they existed in our area. They had talked to everyone, and that was not the norm. People engaged in the same community issue often did not talk to each other.

Seymour Sarason from Yale came to consult with us; this was about the time that he wrote *The Challenge of the Resource Exchange Network* (Sarason and Lorentz, 1979). When he heard about our work, he said, "Just keep doing what you're doing." He suggested that playing the role of middleman, connecting the pieces and bringing the community together around issues, would be sufficient for us. His visit reinforced the networking function at the heart of our activities.

For better or worse, though, we were more ambitious. We began to create programming as well with a focus on systems' change.

For example, we worked with our Area Agency on Aging to reposition them with a focus on empowerment and on the assets of the elderly (Gallant, Cohen and Wolff 1985). We also partnered with them to look at the natural helping networks of rural elders to support people as they age, as an alternative to the increasing use of nursing homes and formal services.

Domestic violence was just emerging as a community issue. We pushed for formal linking between the domestic violence shelters and the courts. We brought the police into the room with the shelter staff and the courts. We looked at the recidivism rate of women who came to the shelter, and then asked, "what could break the cycle of violence."

I was influenced by Alice Collins, social worker and author of the wonderful book *Natural Helping Networks* (Collins and Pancoast, 1976). We had her visit us to share her work on the powerful social support provided by a community's natural helpers. Alice suggested that if you spent some time wandering in any community, chatting with folks and asking who they would turn to for help with a given problem; you would emerge with a set of names that were nominated repeatedly. She suggested building respectful partnerships with these natural helpers. I have never forgotten her teachings.

The community mental health work raised a range of questions **How could we fund and value prevention programming in the U.S.? How powerful was coalition building as a tool for community change? How could we build competent helping systems that included partners from many sectors?**

## **National outreach**

I felt I had found my ultimate job. I had left the confines of a campus to engage larger communities. I loved these expanded opportunities. I connected with the National Council of Community Mental Health Centers (NCCMHC), and became a national-level leader in Consultation and Education. Carolyn Swift, Chair of the Council on Consultation, Education and Prevention at the NCCMHC, quickly became my mentor, colleague, and dear friend. I met Bill Berkowitz, who was also a consultation and education (C&E) director in Massachusetts at that time. Bill has remained one of my closest colleagues for 30 years.

As members of the Council on Prevention of the NCCMHC, we pushed hard for increased resources for prevention and consultation and education. We organized C&E directors across the country and lobbied the national group. Those were heady years, and we had a sense that we could really have an impact on large issues. I began to hope that the mental health system might become a force for larger social change.

That vision ended dramatically and with amazing speed. Ronald Reagan was elected president and moved to shrink the role of federal government. He converted federal community mental health center grants to state community mental health block grants, which gave control of these dollars to state mental health systems. Up until then, community mental health was almost solely supported by federal money. The state system focused on state hospitals and the chronically mentally ill. With Reagan's shifts, all the C&E programs in Massachusetts disappeared in less than 18 months. Almost all that remained were remediation services for the chronically mentally ill.

This was one of many times when I saw a lot of hard work vanish as a result of political change. My job had evolved to include management of the outpatient clinics, with a focus on generating more revenue; I was spending less and less time on consultation, education and prevention. It was time to move on so I left the community mental health center.

My experience at the center reinforced the idea that I could be involved with meaningful work that involved issues of social change and social justice at both local and national levels. I had become even more attached to community collaboratives as a way of facilitating change. I could easily see myself moving out of the mental health arena and into community change, but I had no idea how that was going to happen. I was deeply disappointed to see the collapse of C&E and the community mental health systems that had such great potential.

### **Mayor's Task Force**

One piece of my work at the community mental health center that was sustained for many years after I left was the Mayor's Task Force on Deinstitutionalization, formed in Northampton, Massachusetts to deal with community repercussions related to the deinstitutionalization of both a major state mental hospital and of a large VA hospital. . This was a piece of work that I had literally stumbled into. One summer evening, I was asked to represent the mental health center in a meeting about the placement of two emergency service beds in downtown Northampton.

Deinstitutionalization was a subject that was rubbing many people raw including the police, fire department, and the Mayor's office.

The meeting was chaotic. The police and fire department representatives raised serious concerns about safety issues tied to having mental health patients in beds in the downtown area, as did a City Councilor from the affected neighborhood. The Mayor listened. The Department of Mental Health responded to the questions by accusing the City of holding a stigma against the mentally ill. Then, the Mayor got angry. The environment in the room was filled with conflict and hostility. I used my best group process skills to identify the issues, the disagreements, and future directions. Although the group agreed to establish the two beds in the community, the Mayor announced that he would not tolerate this level of discord in his community. He said he was creating a Mayor's Task Force on Deinstitutionalization. Then, pointing at me, he said "And you, young man, will chair it!"

At first, there was a lot of conflict. Meetings got loud. The mayor could be the chief hot head. But everyone sincerely desired what was best for the community. The groups in the room began to understand more about each other's worlds. Over time the sergeant from the police force and the director of the emergency mental health service program began to sit down on a weekly basis to discuss their caseloads which overlapped by 40%.

This was one of the most profound learning experiences of my career. It was the place where I really began to learn what it takes to forge collaborative solutions. I spent the next nine years (1981-90) discovering how people who were in total disagreement with each other could find productive ways to work together. (Wolff, 1986, Wolff, 1987).

I came away from this experience impressed with the power of the collaborative process and with an even greater respect and understanding for politicians and the political process. I had a passion in my heart to do more of this kind of work.

## **The balance of community work and clinical practice**

After I left the mental health center, I expanded my clinical practice and my consultation work. For most of my early career, I had maintained a clinical practice, which surprised many of my community colleagues. Doing long-term psychotherapy and community building seemed incompatible. I maintained both efforts because, first, I truly loved clinical work. It reminded me of how complex and slow change can be. It also reminds me of the importance of history. Too

often our approaches to community development do not involve a deep understanding of a community's history. Finally, having a clinical practice was a good insurance policy for supporting my family between community jobs.

I left the mental health center with a promise to myself that I would try to avoid working for any one system. Instead I would maintain a consulting practice and at most a part-time position.

## **Community coalition-building**

After I had been in that mode for several years, the phone rang. A colleague from the University of Massachusetts Medical School Area Health Education Center (AHEC) asked if I would do community-building work in two old mill towns in the North Quabbin section of Massachusetts. The area's combined population was 30,000. The recent dramatic closing of a major employer had thrown the community into turmoil. The once stable, although not thriving, community was now full of hungry families who could not make mortgage payments. My colleague asked me to work with an informal group that was getting together to address the issues.

This was a direct request for coalition building. I was thrilled. I spent the summer of 1984 working with this informal group to plan a major community meeting for the fall. The group consisted of representatives from the chamber of commerce, mental health center, hospital, political groups, clergy, and others. The fall meeting would focus on helping the community name the issues and mobilize to seek solutions.

Our successful launch in the fall began what was then called the Athol Orange Health and Human Services Coalition. No one had any sense that we were at the start of a twenty-year adventure. We thought this was a short-term intervention. But we were about to discover a great deal about each other and about this amazing process of building collaborative solutions.

In our first years, we started monthly meetings to exchange information and increase our capacity to advocate for the area. We then, with the support of our state representatives, successfully lobbied the state for dollars for a new program to provide information and referrals to families in need of services. Once this service was running, we became aware of significant family homelessness. We began an emergency shelter in the basement of a church that evolved into the first rural family homeless shelter in the western part of the state.

We continued this pattern for two decades. We engaged the community, identified an issue, and moved to solution. At the end of the first years, the coalition expanded beyond health and human services. It took a new name, the North Quabbin Community Coalition, and created new mechanisms for grassroots engagement.

I was especially pleased to be able to integrate community building, collaboration, and advocacy. The coalition-building now involved working with whole communities. I felt like my beliefs in an ecological model could now lead to significant and locally-led community change.

The North Quabbin success spawned a request for similar needs-assessments and coalition-building in North Adams in the western corner of the state and then, within another year, for work in the communities on the far end of Cape Cod. .

I was grappling with a flurry of new questions: *Can we mobilize a whole community around community crises? Can we flip a crisis around into a positive situation and use it to create a healthier community? Can coalition-building drive community change? Can we integrate advocacy and systems change into our work and still survive? Can coalition-building make a difference in quality of life, creating real change instead of just providing more clinical services?*

After a few years of managing the three coalitions, it became clear that these highly successful programs might provide a model with wider application. The W. K. Kellogg Foundation granted funding to expand the model to other Massachusetts communities, to evaluate the process, and to disseminate our findings. The grant allowed us to create an office that we named AHEC Community Partners. Until then, I had worked out of my private clinical office as a consultant with almost no support, now I became an employee of the University of Massachusetts Medical School. With a leadership team of Bill Berkowitz and myself, support staff and equipment (a copy machine!), we became truly dangerous. We began a newsletter, "The Community Catalyst", which ultimately went to a national audience. We soon became a national resource on successful coalition-building. We translated what we learned into easy-to-understand tip sheets to help hundreds of communities across the country struggling with similar issues (Wolff, 1998).

I was curious to find out that many ideas and resources for the field of coalition-building were coming from a variety of sectors, including public policy, organizational development, public health, and international community development. This is when I first discovered the

work of Arthur Himmelman (Himmelman, 2001), a political scientist with some of the best thinking on collaboration and social change. We drew from all these fields to strengthen our own work and to create an interdisciplinary and multisectoral model for spreading information about coalition-building.

While we worked, we had been struggling to define the true goal of coalition-building in difficult, poor, and disenfranchised communities. *Were we trying to repair damage, or to build something more positive?* The goal of the coalitions was to improve the quality of life for the entire community. We saw improved “quality of life” as having two components: a competent helping system and a mobilized and empowered citizenry.

As the work expanded, we stumbled upon the emerging literature on the concept of healthy communities coming out of the World Health Organization and the Ottawa Charter (1986). The charter spelled out the prerequisites of health: peace, education, food, shelter, equity, income, social justice, a stable ecosystem, and sustainable resources. This document set an individual’s health in the context of social determinants and the larger environment. It provided a perfect model for integrating many of our aspirations for our communities (Wolff, 1995, Wolff 2003).

We formally launched Healthy Communities Massachusetts in 1994 and began a Healthy Communities Newsletter and the Healthy Communities Institute, which trained community teams in the basic skills of building healthy communities and then supported their work. With faculty from across the country, we provided training in community mobilization, strategic planning, evaluation, managing diversity and the basics of coalition building. We lobbied the state to adopt a healthy communities model.

One fascinating aspect of the coalition work was our engagement with local legislators. We started each local coalition with the support of the local legislator (it is fascinating to note that in the very Democratic state of Massachusetts; two out of three of our key legislators were Republicans). The legislators were key supporters of and advocates for our work and ultimately became the coalitions’ key source of funding. They would insert what is known as “outside language” into the annual state budget to support the coalition work. This tedious process involved the House budget, the Senate budget, the conference committee, and finally often an override of the governor’s veto. We would in turn honor them for bringing resources or policy change to our communities. Each January, we would have a fascinating meeting with the state

senators and representatives from each of the three coalition regions. The commitment of these legislators to this process was much deeper than that of state agencies, because they were committed to improving the quality of life in specific communities.

## **Out of left field**

In my last years at the UMass Medical School we took on a new challenge: helping to enroll the uninsured in Massachusetts in available health coverage programs. In all our coalition-building work, we had been impressed with people's need for medical and dental care and had worked to devise solutions to the problems caused by the lack of universal health care coverage.

This is exactly the kind of problem that lends itself to the pursuit of collaborative solutions: many parties have some piece of the potential answer. For five years, the Health Access Networks (HANs) in Massachusetts collaboratively pursued solutions to connecting the uninsured with help. We brought together those on the front lines who enrolled the uninsured, the state agencies that provided coverage, and a state advocacy group. AHEC Community Partners provided the glue, the facilitation, and the direction for the meetings. (DeChiara, Unruh, Wolff, Rosen 2001)

Partly because of these forums, Massachusetts became one of the top states in the country for enrolling uninsured children. The question during this time was: *Can we bring the coalition-building model into the belly of the beast?* In this case, the beast was the Massachusetts' Medicaid system, which had one of the state's largest budgets and most complex bureaucracies.

In my last year at UMass Medical School, the HAN meetings took on the topic of outpatient mental health access. Outreach workers had noted that they did not know where to send people who had serious mental health problems and no insurance for outpatient care. So we held six meetings across the state and discovered what we had known all along: there was no coordinated outpatient mental health system. We documented the comments made at the meetings. This report was similar to many others we had released. However, this particular information set off the Commissioner of Mental Health, who let her ire loose on the Vice Chancellor of the Medical School, who then let loose on me.

After 18 years at UMass Medical School, I was given the choice of resigning with a severance package or being fired for acting against the best interests of the medical school. Since there were hundreds of thousands of dollars of state contracts with the Medical School (much of



it from the Department. of Mental Health) the Vice Chancellor was very concerned. He could not afford to lose their business. So I resigned, and in the process made sure that the community coalitions I had created could continue.

This report would not have been one that I would have predicted to cause this much trouble. While the work we did was political and often controversial, our goal was always to serve the best interests of the community and state. Many other projects ongoing at that time contained more obvious battles that could have been seen as trouble.

As Jim Kelly has written, risk-taking is a critical part of the work of the community psychologist: “risk taking in this context refers to being an advocate for real causes and helping the community move beyond its present steady-state” (Kelly, 1971, p.901).

When I left the community mental health center nearly two decades earlier, I had promised myself not to work full-time for any employer who could terminate my position for political reasons. Yet here I was again. Lured by the vitality of the work, the independence with which I worked, and the ongoing support; I had been caught off guard. The answer to my question about the belly of the beast: *Not yet.*

I have come to understand that life is an adventurous journey. Some turns that look like disasters lead to new and fascinating opportunities.

So I expanded my consulting business into my present work, under the name Tom Wolff and Associates. A highlight of my national consulting work has been many years of association with Linda Bowen and the Institute for Community Peace, a remarkable institution committed to supporting community based approaches to preventing violence and promoting peace.

I synthesize what I’ve learned through 30 years of community activism as *collaborative solutions* (Collaborative Solutions Newsletter, [www.tomwolff.com](http://www.tomwolff.com)), and, I provide consultation on how to create collaborative solutions to people and programs across the country. This has been successful beyond my imagining, leading me to work with new partners in new settings. Being my own boss suits me just fine.

## **Writing**

At various times during my career I would begin to feel that I had something to share that could assist others who were struggling with the same issues. That is when I would sit down to write. As more and more requests for materials and training on coalition building came in to our

office we began to commit more time to developing dissemination materials. This included books such as *From the Ground Up: A Workbook on Coalition Building and Community Development* (1995) with Gillian Kaye a highly skilled community organizer from New York City, and later *The Spirit of the Coalition* (2000) with Bill Berkowitz, and journal articles (Wolff 2001). Writing was a way to share what we had learned about community building in one community with others. This was why I wrote. There was never any pressure or rewards in my jobs for publications; I was after all a practitioner.

In 1996 I also began a long-term collaboration, with my valued colleagues at the University of Kansas, Steve Fawcett, Vince Francisco and Jerry Schultz and the contingent back in Massachusetts including Bill Berkowitz, Phil Rabinowitz and myself. Together we developed the Community Tool Box (CTB), a web-based resource on community development for people in communities around the world. The Tool Box was developed in response to the dire need for easily disseminated community-building material for those actively engaged in community work. We wondered whether we could try to meet that need through the emerging use of the Web. The mid-1900s was still early in the history of using the Web to disseminate information. Ten years later, the Community Tool Box (Schultz, Fawcett, Francisco, Wolff, Berkowitz, & Nagy 2000) has over 6000 pages and 250 sections of community development material that are free and downloadable. The CTB records over 2 million hits and has over 100,000 users per year. As someone who was initially quite skeptical about the potential of the Web to provide support, I have been impressed and humbled by this experience. The challenge to our CTB team has always been to find the best materials, and then translate them in such a way that people at various levels around the world find them useful.

## **Family as community**

The other major theme in my life has been my role as father and partner in my family. Learning to live successfully as a couple with Peggy, and as a family with my amazing daughters, Rebecca and Emily, has been the most profound community-learning environment of my life. When in my coalition building work I define collaboration as “enhancing the capacity of the other”, I am talking about a truly unique form of exchange. I believe it is the kind of exchange that has been the implicit goal in our family’s love for each other. My times with our family are always the highlights of any year.

## The spiritual dimension

Gandhi stated “Be the change that you wish to create in the world.” I have learned over the years that we must create collaborative processes that parallel and reflect the outcomes we hope to achieve. If we are seeking a community that respects its own diversity, we must use collaborative processes that model diversity and respect. If we want to create a caring and loving community, then our collaborative efforts must also be caring and loving.

This is the spiritual aspect of the work that we rarely talk about.

Over the past 10 years, my work has been strongly influenced by my emerging personal spiritual practice. My new questions became: *How can our spirituality inform our work for social change? And, how can social change work inform our spirituality?* I returned to my Jewish roots with the guidance of Rabbi Sheila Weinberg, who taught Judaism as a spiritual practice. And I became a student of Ellen Tadd, a teacher of spiritual meditation. Through this I began to understand my commitment to social change as part of my spiritual path on the earth. I also recognized that I was not alone in these pursuits. This profoundly changed my capacity to do the work clearly and effectively.

I am now guided by key phrases that keep me focused on the integration of spiritual principles and how to actualize a better world. When I am in touch with spiritual principles I am clearer about my appropriate responsibilities and my aspirations for the world.

*We can dream of a better world and we can make it happen*

*It is not up to you to finish the work. Yet you are not free to avoid it. (from ancient Jewish writings - Pirkot Avot)*

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