

# YOUTH AND DEMOCRACY: PARTICIPATION FOR PERSONAL, RELATIONAL, AND COLLECTIVE WELL-BEING

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## PERSONAL, RELATIONAL, AND COLLECTIVE WELL-BEING

Various traditions within developmental science and psychology have concentrated on either personal or collective correlates as manifestations of well-being. Our claim is that the well-being of any one person is highly dependent on the well-being of her relationships and on the community in which she resides (Nelson & Prilleltensky, 2005; Prilleltensky, Nelson, & Peirson, 2001). Well-being may be defined as a positive state of affairs in which the personal, relational, and collective needs and aspirations of individuals and communities are fulfilled. Well-being refers to a satisfactory state of affairs for individual youth and communities that encompass more than the absence of risk. Our definition of well-being is in line with comprehensive conceptualizations of health promotion and youth development that emphasize the values of self-determination, participation, community capacity-building, structural determinants, and social justice (Lerner, 2004).

In this article, we introduce a framework for understanding well-being in general and the well-being of youth in particular. In addition, we offer a model for analyzing interventions designed to promote personal and collective well-being. Finally, we discuss the contributions of the authors of this special issue to our analytical and intervention frameworks.

We start by introducing a framework of well-being (Prilleltensky & Prilleltensky, 2006). We distinguish among sites, signs, sources, and strategies of well-being for youth and for society at large. These are the parts that comprise the whole of well-being.

### *Sites of Well-Being*

Sites refer to the location of well-being. Here, we concern ourselves with “where” is well-being situated. While we can distinguish among the well-being of a young person,

a relationship, or a community, they are highly interdependent. As may be seen in Table 1, each one of these entities is unique and dependent on the others at the same time. None can be subsumed under the others, nor can they exist in isolation.

The advantage of making a distinction among the various domains is that each one calls for somewhat different intervention strategies. If our focus of attention is exclusively the young person, we neglect the relational and collective domains that impinge on the very well-being of the young person we wish to assist.

There is empirical evidence to suggest that the well-being of relationships (relationships where there is caring, compassion, and formal and informal supports), for instance, has beneficial effects on young people and adults alike (Berkman, 1995; Cohen, 2004). Likewise, there is a wealth of research documenting the deleterious or advantageous consequences of deprived or prosperous communities on youth, as the case might be (Lerner, 2004).

Communities, as sites of well-being, embody characteristics such as affordable housing, clean air, accessible transportation, and high quality health care and education facilities. All these factors take place in the physical space of communities. Relationships, in turn, are sites where exchanges of material (money, physical help) and psychological (affection, caring, nurturance) resources and goods occur. Persons, finally, are sites where feelings, cognitions, and phenomenological experiences of well-being reside. We have to be able to honor the uniqueness of the sites and their interdependence at the same time. We can have a community—endowed with excellent jobs, schools, parks, and hospitals—in which many people feel miserable because relationships in the community are acrimonious. If we only thought of well-being in terms of community, we would miss the experiential component of personal well-being and the influential role of relationships in advancing personal satisfaction. Conversely, we can have a select group of people who, despite poor community conditions, experience high levels of well-being. In this case, exclusive focus on the well-being of these people might miss the need to heal, repair, and transform the community conditions that are diminishing the well-being of those youth who cannot protect themselves from the injuries of poverty, unemployment, discrimination, and lack of affordable health care (Hofrichter, 2004).

### *Signs of Well-Being*

By signs we refer to manifestations or expressions of well-being at the different sites we explored above. Signs answer the question, “How do I know that this site is experiencing well-being?” Table 1 answers this question for the three domains of well-being. At the personal level, we arrive at signs of well-being by looking at correlates, by asking people to share what they feel and think when they are happy, satisfied, or experience high quality of life. A variety of research methods have been used to look at personal signs of well-being, including surveys, interviews, observations, and comparative analyses. Similarly, multiple approaches have been used to find out the signs, characteristics, or correlates of well or healthy communities and relationships.

A few signs of personal well-being come to the fore for youth: self-determination and a sense of control, self-efficacy, physical and mental health, optimism, meaning, and spirituality. Signs of relational well-being include caring, respect for diversity, reciprocity, nurturance and affection, support, collaboration, and democratic participation in decision making processes. Manifestations of collective well-being are as follows: (a) a fair and equitable allocation of bargaining powers, resources, and obligations

*Table 1. Interdependence of Personal, Relational, and Collective Domains in Sites, Signs, Sources, and Strategies of Well-Being for Youth and Society*

		<i>Sites of well-being</i>		
		<i>Personal</i>	<i>Relational</i>	<i>Collective</i>
Signs				
Personal	Control		Affirming friends and relatives	Safe and healthy lives
Relational	Satisfying relationships		Enduring friendships	Affirmation of diversity and solidarity
Collective	Sense of community		Norms of mutual support	Support for the poor and universal health care
Sources				
Personal	Experiences of self-efficacy		Developmental needs for trust adequately met	Personal contribution to common good
Relational	Nurturance		Prior experiences of respect and affirmation	Appreciation of interdependence
Collective	High quality health and education		Norms that promote collaboration	Culture that understands and fosters interdependence
Strategies				
Personal	Empowerment		Empathy and social skills	Collective and political action
Relational	Voice and choice in partnership		Conflict resolution and growth orientation	Social support and rewards for participation in social change
Collective	Participation in political process		Norms that affirm mutuality and oppose competition	Social movements that fight injustice

in society; (b) gender and race equality; (c) universal access to high quality educational, health, and recreational facilities; (d) affordable housing; (e) employment opportunities; (f) access to nutritious foods at reasonable prices; (g) safety; (h) public transportation; (i) a clean environment; and (j) peace. When present, these signs tell us that the needs of individuals and communities are met and fulfilled (Eckersley, Dion, & Douglas, 2002; Layard, 2005).

Each one of the signs previously noted is intrinsically beneficial to the well-being of a particular site (individual youth, relationship, or collective) and extrinsically beneficial to the well-being of the other two sites. For supportive relationships foster self-determination, while just communities contribute to personal health through a fair allocation of opportunities in society.

### *Sources of Well-Being*

Each one of the sites of well-being and their corresponding signs has particular sources or groups of determinants. Self-determination, for example, derives from prior opportunities to exercise control, voice, and choice. In the relational domain, expressions of caring and compassion derive from young people's positive experiences of trust, nurturance, and affection. Signs of collective well-being, such as universal access to health care and high quality public education depend on policies that promote social justice, which, in turn, distribute resources through progressive taxation systems.

Although specific sources refer to particular signs, we have to remember that each sign has multiple sources and that the different determinants always interact. Thus, access to high quality public education, a collective sign of well-being, enhances opportunities for control and self-efficacy, signs of personal well-being (Marmot & Wilkinson, 1998).

### *Strategies for Well-Being*

The key to successful strategies is that they must be specific enough to address each one of the sites, signs, and respective sources of well-being at the same time. Interventions that concentrate strictly on personal sites neglect the many resources that relationships and communities contribute to the personal well-being of young people, as illustrated in Table 1. Paradoxically, strategies that concentrate exclusively on personal well-being undermine well-being because they do not support the infrastructure that enhances well-being itself. This has been a major gap in previous efforts to sustain individual well-being through strictly psychological means such as cognitive reframing, positive thinking, information sharing, and skill building. This is in line with recent thinking in public health, articulated forcefully by spoke persons such as Syme (Schwab & Syme, 1997; Smedley & Syme, 2000) and Labonte (Labonte, Woodward, Chad, & Laverack, 2002; Labonte & Spiegel, 2003). Youth cannot significantly alter their level of well-being in the absence of concordant environmental changes. Conversely, any strategy that promotes well-being by environmental changes alone is bound to be limited. There is ample evidence to suggest that the most promising approaches combine strategies for personal, relational, and collective change. It is not one or the other, but it is the combination of them all that is the best avenue in which to seek higher levels of well-being in the three sites of our interest (Earls & Carlson, 2002).

### *Synergy for Well-Being*

We can integrate sites, signs, sources, and strategies in the following formulation: The well-being of a *site* is reflected in a particular *sign*, which is derived from a particular *source* and is promoted by a certain *strategy*. To wit, the personal well-being of young people is reflected in control, which derives from opportunities to exercise voice and choice and is promoted by empowerment. In this case, the site is personal wellness, the sign is control, the source is opportunities to experience voice and choice, and the strategy is empowerment.

In the relational domain, we can integrate the four Ss as follows: Relational well-being is reflected in the presence of supportive relationships, which are derived from successful experiences of nurturance and attachment, and it is promoted by empathy and opportunities to give and receive caring and compassion. In the collective domain, we can claim that collective well-being is reflected in universal access to health care, which is derived from policies of social justice, and it is promoted by social movements that strive to create and improve institutions that deliver services to all citizens, irrespective of means.

### *Lessons From Special Issue About the Interdependence of Personal, Relational, and Collective Well-Being*

A clear lesson from various contributors is that working for the promotion of collective well-being also enhances personal well-being and depends largely on relational well-being. Evans, Morsillo and Prilleltensky, Harre, as well as Pancer, Pratt, Hunsberger, and Alisat demonstrate that relational well-being, in the form of mentoring, friendships, and role models, is a powerful source and strategy for efforts to improve the collective well-being. We learn about improving collective well-being from friends, relatives, and teachers. And we get energized by participating with them in group activities for the common good. They also make the point that working for the larger good has personal benefits such as enhanced sense of meaning, purpose in life, and improved mental health. This conclusion is also shared by Vieno and colleagues, who show that an optimal level of participation in civic activities can be protective against psychological and behavioral problems.

The implications of this lesson are far reaching. First, we realize that by asking youth to improve the community, we are contributing to their own development and mental health (Ginwright & James, 2002; John, 2003; Lerner, 2004; Lewis-Charp, Cao Yu, Soukamneuth, & Lacoé, 2003). Second, we can tear down artificial barriers between helping young people and helping the community. The two can synergize very well. Community development can be both a sign of collective well-being and a source and strategy for youth well-being. Third, for the longest time clinical and community branches of psychology, social work, and health and human services have operated in isolation from each other, one supposedly helping the individual and the other the community at large. We realize from this special issue that we can improve the personal well-being of youth by asking them to participate in community building. At the same time, we realize that better communities involve resources, sources, and strategies for the promotion of personal well-being of youth. If we follow this argument to its logical conclusion, we have to invent ways of helping that combine personal, relational, and community development (Prilleltensky & Prilleltensky, 2003a, 2003b).

This has long been the vision of the Community Youth Development movement, although gains in putting this philosophy into action at the community level have been modest (Hughes & Curnan, 2000). As Nicole Yohalem and Shanetta Martin, from the Forum for Youth Investment, point out in their reflections on this special issue, this type of innovation in youth development practice is happening in many communities. Youth organizations and youth workers are leading the charge to invent new ways to promote youth, relational, and community well-being through community development and community organizing efforts. Researchers and other community members can work alongside young people and youth organizations to support and promote these efforts and better document and understand this emerging field.

### **THE SPECS OF WELL-BEING: STRENGTHS, PREVENTION, EMPOWERMENT, AND COMMUNITY CONDITIONS**

SPECS is an acronym for the promotion of well-being; it stands for strengths, prevention, empowerment, and community conditions. In order to advance well-being at the three sites previously discussed (personal, relational, and collective), it is necessary to devise strategies that cover the range of domains of well-being, and that attend to the variety of signs and sources. Hitherto, most approaches to well-being have concentrated on single sites and on small groups of signs and sources (Hofrichter, 2004; Nelson & Prilleltensky, 2005). We submit that a comprehensive and efficacious pathway for the promotion of well-being must attend to four complementary domains: temporal, ecological, participation, and capabilities.

These four domains belong in two fields. The contextual field consists of intersecting continua of temporal and ecological domains, creating four contextual quadrants. The affirmation field reflects the interaction of the participation and capabilities domains.

#### *The Contextual Field*

A contextual approach to well-being must account for the role of temporal and ecological variables. The temporal domain spans the continuum of reactive to proactive or preventive approaches. The ecological domain, in turn, covers the full range of interventions, from individual to collective. When the two domains intersect, as may be seen in Figure 1, a contextual field with four quadrants is formed.

*The Temporal Domain:* This domain has to do with the timing of interventions. Only a small amount of resources is allocated to prevention in Canada and the United States (Board on Health Promotion and Disease Prevention, 2002; Nelson et al., 1996). The vast majority of resources are assigned to rehabilitative costs such as hospital beds, expensive treatments, or therapeutic interventions. This, despite the fact that high quality preventive interventions have proven efficacious, cost-effective, and enormously more humane than waiting for citizens to develop maladies that medicine and psychology can only treat at very high financial and human costs (Durlak, 1997; Nelson, Westhues, & MacLeod, 2003). The reactive approach, a vestige of the still dominant medical model, occludes the need to devote more resources to prevention.

Health and human services for youth must understand that no mass disorder afflicting humankind has ever been eliminated or brought under control by treating

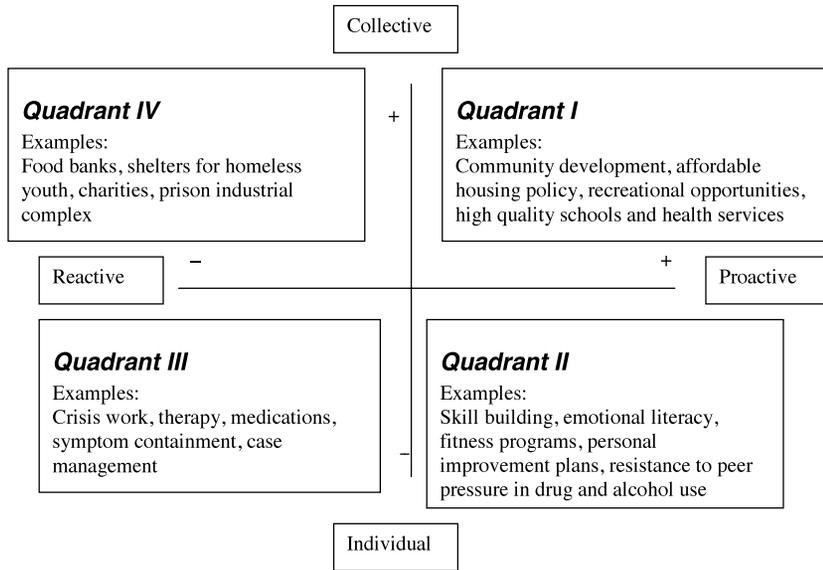


Figure 1. Contextual field of interventions with and for youth.

the affected individual. Similarly, they must realize that there will never be enough workers to attend to the people afflicted with psychological and physical ailments. The only way to make a dent in the incidence and prevalence of suffering is through prevention (Albee, 1990).

*The Ecological Domain:* This continuum is concerned with sites of well-being and their corresponding strategies. Efforts to enhance personal wellness in the absence of corresponding improvements in the social conditions of living are limited, at best, and injurious, at worst. While working with youth in both one-on-one and group settings may be more convenient than trying to change community conditions and social policies, one must be aware of the long-term repercussions of continuing to focus on a single source of suffering, the person, to the exclusion of sometimes overwhelming environmental factors (Shinn & Toohey, 2003).

*Contextual Quadrants:* As may be seen in Figure 1, four quadrants are formed by the intersection of the temporal and ecological domains. Clockwise, Quadrant I is formed by the intersection of the positive ends of the  $x$  and  $y$  axes. Examples of collective and preventive approaches include affordable housing policies, provision of high quality health care, incentives to achieve high educational standards, investments in education, family planning, and mental health, as well as progressive taxation policies that distribute wealth among the population (Smedley & Syme, 2000).

Quadrant II represents interventions that are proactive but person-centered. This quadrant typifies the majority of current youth development efforts. Examples of such include skill building, emotional literacy, and education for proper eating and exercise to prevent physical illness. Many drug prevention programs that teach youth resistance skills and knowledge about the effects of alcohol, smoking, and illicit drugs fit into this quadrant, as do some programs that enhance the self-efficacy of youth (Eccles & Gootman, 2002; Youniss & Yates, 1997).

Quadrant III reflects the medical model tradition whereby the intervention is aimed at containing symptoms and managing crises. Medications, therapy, and crisis intervention are prototypical approaches in this quadrant. Practitioners wait until patients, clients, or youth, in general, complain of an ailment to intervene, usually in a medical, clinic, or community agency setting.

The last quadrant, Quadrant IV, is created by the intersection of collective and reactive approaches. Food banks, shelters for homeless youth, and, in general, charity efforts are aimed at alleviating for certain groups the ill-effects of social injustice or the unpredictable outcomes of economic downturns.

### *The Affirmation Field*

To experience well-being, youth and adults alike first have to experience affirmation. Affirmation comes from, among other things, an acknowledgment of young person's strengths, voice, and choice. Health and human services have been—and many continue to be—notorious for concentrating on deficits and creating clienthood and patienthood instead of citizenship (Mullaly, 2002). When empowerment and strengths are promoted, on the contrary, the experience of affirmation in youth grows (Lerner & Benson, 2003; Scales & Leffert, 1999; Ungar, 2004).

The affirmation field consists of two intersecting continua: the participation and the capabilities domains. Together, they create four distinct approaches to helping and healing youth.

*The Participation Domain:* Youth are variably involved in services, programs, and policies promoting health and well-being. For the most part, however, they tend to be detached from decision making processes that directly affect their own health or the health and well-being of the entire community. Usually, youth are at the receiving end of decisions made by professionals or politicians; decisions that render young people in the role of clients, patients, or customers but rarely in the role of partner (Ginwright & James, 2002).

As a result of this culture of patienthood and clienthood, many youth feel completely detached from the professional, communal, and political processes affecting their lives. This is reflected in the minus end of *x-axis* of Figure 2. At the other extreme, we have feelings and actual experiences of empowerment whereby citizens feel and are in control of helping, healing, and community building processes.

*The Capabilities Domain:* The *y-axis* of Figure 2 depicts the deficit—strength continuum. Because of limited time, helpers who are eager to get to “the bottom of it,” refrain from exploring sources and manifestations of resilience. Opportunities to build on strengths or promote affirmation are often missed in the search for pathology (Lerner & Benson, 2003; Scales & Leffert, 1999).

*Affirmation Quadrants:* Quadrant I in Figure 2 represents interventions aiming to promote voice and choice in celebrating and building competencies. Young people are given an opportunity to exercise control over decisions affecting their lives, whereas modes of help build on former experiences of success (Ginwright & James, 2002).

Quadrant II affords community members voice and choice in methods of deficit reduction. Youth are made partners in the struggle to combat depression, stress,

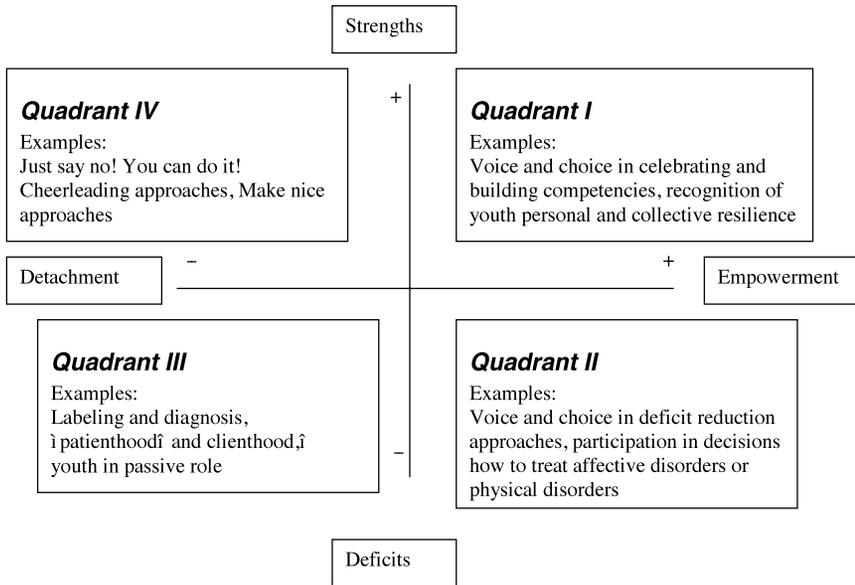


Figure 2. Affirmation field of interventions with and for youth.

obesity, or infectious diseases. Quadrant III is the epitome of clienthood and patienthood. Not only are young people deprived of an opportunity to participate in helping and healing, most of the focus is on diagnosis on pathology and labeling of maladaptive behavior (Prilleltensky, 1994). We agree with McKnight (1995) who suggests a community vision in which the marginalized are not treated as clients, but they are instead “incorporated into community to experience a network of relationships, work, recreation, friendship, support, and the political power of being a citizen” (p. 169). The aim is to create communities in which resources facilitate personal power and control as well as collective well-being. It is incumbent, therefore, on adults to join with youth to create more supportive structures and confront injustice and oppression.

Quadrant IV represents the unique combination of approaches that strive to be positive while keeping the young person detached of the change process. Popular yet ineffective campaigns such as “just say no to drugs” or cheerleading efforts such as “you can do it if you want” represent vacuous promises of better health. While positive and effusive, such strategies fail to connect with the real life experience of youth growing up in drug-infested communities or with the struggle of many people to lower their weight despite lack of access to affordable and nutritious foods and vegetables.

### *Lessons From Special Issue About Interventions for and With Youth*

A clear lesson that emerges from this special issue is that interventions in the affirmative field are necessary but insufficient to promote long-term democracy and collective well-being. Prilleltensky and Fox insist that psychopolitical literacy is required to move beyond the psychological sphere of helping. Watts and Flanagan as well as Morsillo and Prilleltensky make the point that interventions that support participation and skill building are important but not enough to challenge the status quo. Morsillo

and Prilleltensky, in particular, make the point that it is easier to work at the personal and relational level than at the collective level. Changing community conditions is far more challenging than promoting a strength-based approach. Watts and Flanagan caution against interventions that perpetuate the status quo.

Evans reminds us of the importance of actual youth power in youth development. The argument can be made that without more youth power, many of the interventions designed to help youth are merely cosmetic. Furthermore, a case can be made that in the absence of actual transfer of power from the relatively powerful to the relatively powerless, changes in any of the four elements of SPEC can be limited, at best. It is possible to operate from a strength-based perspective, and it is even possible to be more preventive without giving up power and without giving more control and self-determination to youth. We can further speculate that the letters "E" and "C" in the SPEC approach are potentially more transformative than "S" and "P." Empowerment and change in community conditions are, almost by definition, more challenging of the status quo than strength-based approaches and preventive orientations, which, to some extent, have become part of the mainstream and have failed to alter the root causes of youth oppression and marginalization.

It is interesting to note the stark contrast between multiple personal outcomes and scant community outcomes in youth programs (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2002; Lerner, 2004). This discrepancy reflects the very strategies and aims of initiatives targeting youth. Judging from the available evidence, most youth programs designed to improve positive and civic development concentrate on personal, cognitive, and social skills to the detriment of political understanding of the conditions that lead to youth exclusion, discrimination, and poverty. Most programs reviewed by Lerner and Catalano et al. look remarkably didactic, person-centered, and wedded to charity models of well-being. Few programs strive to challenge the status quo or address injustice.

Our aim should be to support young people in building capacities and to create opportunities for youth to work alongside adults to address harmful conditions. In so doing, we simultaneously foster resilience and promote human and community development by equipping youth with skills and by providing them with opportunities to use those skills in ways that challenge injustice. Youth gain skills, a sense of belonging, and a deeper understanding of themselves and their world through social action. Youth are more inclined to act as they develop skills, interpersonal competencies, and sociopolitical awareness. Furthermore, as agents of change, youth bring their skills, energy, and creativity to the joint endeavor of creating just communities.

The three sets of commentators offer further reflections on the contributions of this special issue for youth and democracy and the limitations of current thinking and practice. They reflect critically on the relevance of the research and theory presented here for practice. Their practice-based reflections illuminate the challenges of bridging theory with action. We are grateful to all authors and commentators for their efforts to throw light on how can further the well-being of youth and society at the same time.

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