Transcript
Matters of Engagement podcast
Episode: “Vagueness of language, unarticulated assumptions, and maintaining the status quo. A conversation about power. With Amy Katz and Melody Morton Ninomiya.”
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00:07
Jennifer: Hello, and welcome to Matters of Engagement, a podcast exploring the complex world of patient engagement and partnership. I'm Jennifer Johannesen.

00:15
Emily: And I'm Emily Nicholas Angl.

00:19
Jennifer: This episode is based around an interview we recorded over the summer. It was such a rich conversation for us that we had to park it for a bit and make sure we were ready to do it justice. Here's what happened: during the first season when we were, you know, exploring ideas for topics, Emily, you mentioned a paper that you'd read - and it was co-authored by someone you've worked with?

00:41
Emily: Yes. Dr. Aisha Lofters.

00:44
Jennifer: Right. And at first, I wasn't entirely clear what the connection was to patient engagement and partnership, as the paper itself focuses on language used in public health literature specifically.

00:55
Emily: Yeah, I also wasn't quite sure where it would go or if we'd have enough for a full episode. But we often don't know until we have these discussions.

01:05
Jennifer: Well, I'm really glad we did. For me, this feels like a significant episode in terms of helping to crystallize some of the more complex ideas we've been exploring around patient engagement and partnership. And even though it was a bit tangential maybe to our own focus, the paper was a good catalyst for an interesting discussion. Do you want to go ahead and introduce it?

01:27
Emily: Sure! The paper is called “Vagueness, Power and Public Health: Use of ‘Vulnerable’ in Public Health Literature”. So for this paper, the authors did a scan of public health articles, in Canada and the US, that used any form of the word ‘vulnerable’ multiple times… and that use the word in a vague way without defining what it meant. They then analyzed the articles using what's called a critical discourse analysis framework to better understand how use of the word vulnerable can be deployed to exercise power and shape social views.

02:02

Jennifer: The connection we see to patient engagement is in this vagueness. We see it all the time in engagement spaces. Use of words like representation, expertise, diversity - I think it's actually what this podcast is all about at a fundamental level. How do we talk about engagement? And what do certain words accomplish, especially when they're left rather vague?

02:26

Emily: Right, so they located papers that fit their criteria, and identified patterns or common assumptions. And here's what they found. First, in some cases, the word vulnerable was used in such a nonspecific way that the reader is left to assume or imagine what group of people they're describing, and why they're considered vulnerable. The authors call this a “fill-in-the-blank approach” because the word vulnerable could mean well, anything.

02:55

Jennifer: They also noted that ‘vulnerable’ was used to describe populations as though they were inherently vulnerable, as though they just kind of came that way. So any discussion of structural barriers or social determinants of health or whatever else the particular paper was about - it seems as though these were just things vulnerable people face, with no mention of how those people might have come to be seen as vulnerable.

03:19

Emily: Yep. And I think this is what I picked up on thinking about engagement. We talk about including vulnerable or marginalized people and never really say who exactly we mean or what we think they're vulnerable to.

03:34

Jennifer: And finally, they found that there was rarely any mention of who's not vulnerable. So, many of the papers go into detail about the ways that policy decisions produce vulnerabilities with ample discussion about how certain groups are affected. But there was almost no discussion about how policymakers themselves are incentivized to create and maintain those policies, or how their living conditions and contexts caused them to want to make those policies.

You know, this was a fascinating point. And one I think we're coming back to again later. There is acknowledgement in engagement spaces about lack of diversity, and sometimes this comes with a bit of reflection about ‘owning our own privilege’ or something similar. But this particular observation goes much deeper. And I don't think this sort of reflection is very common.

04:25

Emily: As part of the discussion section, the authors then talk about using this sort of language as a way to obscure power. When the lens is focused on those who are vulnerable, and on strategies to fix their problems, accountability shifts to them and not the structures, the people and the processes that created those conditions in the first place. And finally, they talk about using the word vulnerable strategically – as a way to attract

resources funding or to grab attention, even while there might be little context or explanation as to the nature of the vulnerability.

04:59
Jennifer: Yes, I think this paper is important because it calls out not just how loose and nonspecific our language can be, but it also makes clear that when we fall into these patterns or traps, we're upholding existing power structures and maintaining the status quo, whether we intend to do so or not.

05:17
Emily: Yeah, and this kind of loose language is quite common in patient engagement. I know I've used it too. We often advocate for diversity without specifying what we mean. The conversation usually starts with, you know, a broad statement about how we're too homogenous, and that we need more varied representation at the table in terms of gender, age, language, culture. And then someone usually says that we need to include people from vulnerable communities, or, like you said, maybe the word is marginalized. In another episode, Paula Rowland talked about trying to reach the hard to reach. So there are a lot of euphemisms and synonyms, but I don't often hear much in the way of specifics. So who exactly are we talking about?

Anyway, when I read this paper, it seemed like a great opportunity to think more closely about how we use vague language and engagement and partnership. And our discussion led to something deeper: what it implies, what it might reinforce, and how vagueness of our language might be covering up things we'd rather not look at.

06:30
Jennifer: Our discussion with two of the authors shifted something for me, and has really made me re examine how I'm thinking about power and intention, and who our public healthcare system is really set up to serve. So Emily, how about you introduce our guests, and then we'll get into it?

06:47
Emily: Sure. Our guests are Amy Katz and Melody Morton Ninomiya, two of the five authors of the paper that we were talking about. Amy is a researcher. She works in Knowledge Translation at St. Michael's Hospital in Toronto. And she also asked to be introduced as a white middle class woman right off the top of the episode. And Melody is a Research Scientist at the Center for Addiction and Mental Health, and is an Assistant Professor at Wilfrid Laurier University in Waterloo. Now, we do usually share credentials and employment details of our guests. But this was the first time we've been asked to include “white middle class woman”. Amy wanted to ensure that listeners knew who they were hearing from.

07:30
Jennifer: And Melody also identified herself as a middle-class person who has a formal university education. In our conversation with them, we commented that we hadn't gotten this request before - and it was really interesting to hear more about the rationale. Melody explained that she does a lot of work in Indigenous spaces. And being of Mennonite and Japanese descent, she's often mistaken for being First Nations, Inuit, or something else, depending on the spaces in. And as she says, it adds complexity to her work. I imagine that not identifying herself appropriately in those spaces could potentially become problematic. Anyway, the point is well taken that

we don't always get to choose what assumptions people are going to make about who we are or the work that we do. So these introductions can bring some clarity and add important context.

08:22
Emily: So we started off thinking this conversation would be about the term ‘vulnerable’. And we've already kind of touched on how this connected to our thinking about patient engagement. But really, what ended up standing out was this notion of vagueness of language, and how it helps to maintain power imbalances. There are a lot of dimensions to this, of course, but this idea about power is foundational to understanding this whole conversation.

08:49
Jennifer: Okay, so let's finally bring in our guests. Apologies in advance, the recording isn't great, especially when Amy talks. I'll just say: we recorded this one before I had figured out a bunch of things technically. Now, this isn't a long conversation by any means. But it's really packed with concepts and ideas, some of which may be new. And honestly, we're just not able to fully unpack all of it in a single episode. So as you're listening, if you sense that things might be going by kind of quickly, just know that we feel it too. And we really hope to return to some of these ideas in future episodes.

09:29
Emily: We started off chatting about why we thought this paper was relevant to patient engagement and partnership. And I shared with Amy and Melody what I mentioned earlier, that there's a lot of focus on trying to create diversity and engagement spaces, and that it's often done in a pretty nonspecific way. Amy brought the conversation to a whole other level right off the bat, observing that engagement itself, and not just the language we use, should be under the microscope.

09:58
Amy: I think the elephant in the room is that, number one, you're not really supposed to make transformative change. The wheel spinning is I think, the point. And number two, what is the project of healthcare? It's a colonial project. It's a white supremacist project. It's very connected to different projects around eugenics. And I'm not saying that's all it is, or that it can't be redeemed or I don't think…you know, we say in the paper, we believe that it has the power, the capacity to be something else. But I think if you're not looking at its roots, and what we're really doing here, I think that's why we end up in this. There's a really interesting paper that describes cotton wool language, which is just all this language that gets sort of larded on so that you don't see that you're just pushing a rock up a hill so that it kind of rolls back down again. Or that you're actually doing what you're supposed to be doing, which is healthcare working better for white middle class people.

10:50
Jennifer: Okay, there's a lot here. Let's start with the elephants. Amy's positing that activities like patient engagement are not actually meant to be spaces for transformation. The wheel spinning is the point. Now this really hit home for us, as we often wonder in this podcast if the point of engagement is… engagement. And, you know, the more conversations we have, the more I realize that even supporters of engagement might agree with this. That it's not about outcomes. It's about the principle of doing it. But Amy is casting a different light on

why there might be interest from the institution's perspective to embrace the principle of doing it. It keeps people occupied.

11:36

Emily: And the second elephant is that healthcare exists in a wider context. None of what we talk about happens in a bubble. Nor is it free from politics, special interests, even capitalism. In the paper, the authors specifically point to white supremacy, settler colonialism, misogyny, scientific racism, and a host of other oppressive structures. Not just as structures that are “out there”, separate from healthcare - but as fundamental parts of society’s fabric. Amy's calling this an elephant in the room, because these are words that aren't used much in healthcare, especially in the context of patient engagement and partnership.

12:19

Jennifer: Nope! We would rather talk about diversity and vulnerability, socioeconomic status, reaching the hard to reach. I think this is the cotton wool language that Amy's describing. And by the way, the paper from which this came is called “ La Langue de Coton: How Neoliberal Language Pulls the Wool over Faculty Governance”. We've put a link in the show notes. These are all words that can be strategically deployed to distance ourselves from looking at how we've created the very conditions we claim to be trying to remediate. I think we do a lot of mental gymnastics to ensure we're not ourselves implicated. And I think we actually do a lot of work to just not assign accountability at all. And this is a big conceptual shift for me. There was a point early in the conversation when I said, “here's what I'm seeing but I don't want to ascribe intention”. But Amy really challenged me on that.

13:17

Amy: But you said something at the beginning that I found really interesting, Jennifer, about intention - that you don't want to ascribe intention. I think it's okay to ascribe intention. I think that there are a lot of class and race interests in all of this, and professional interests, investments in expertise, investments in power. I don't think people are… I don't think it's a lack of education. Often, I think, people, whether they're aware of it or not… and I mean, I'm a white, middle class woman who wants to keep a job in a hospital, I'm certainly balancing my own interests, those I'm aware of and those I’m not… but people will reflexively defend their own interests or sometimes they'll very nakedly manipulate the situation. It's not a ghost doing all this stuff. It's not weather doing it, we're collectively doing it. And I think that's really important to ascribe intention.

14:06

Emily: We've developed lots of ways to let ourselves off the hook. When something uncomfortable emerges and starts to come more clearly into view, there always seems a way to frame it as an opportunity for learning or to develop more empathy. Or to say, “these things take time”. “Maybe if we just had more diversity at the table, things will be better”. Or, “let's just keep talking about diversity - that's kind of like doing something”. We're just very comfortable with the way things are or maybe fearful of what change would look like. Or like you mentioned, it's uncomfortable to be implicated in creating harmful structures. And it's not always explicit or overt. It's how we're socialized.

14:52

Jennifer: We already know that the people who are invited into engagement spaces are the privileged few, and there does seem to be sincere effort to address it - but there's just not much energy and time spent looking at the conditions that created the situation, or how the very people who are earnestly trying to find solutions are possibly just making the problems worse. And I think to some extent, people know this. Or at least sense there's a kernel of truth in this. But being conscious of these systems all the time can be really destabilizing. It calls everything into question. And then you're stuck with "Well, now what?" Well, perhaps a good starting point would be to make sure you're really clear about what your purpose is, and to actually declare what assumptions you're basing your work on.

15:43

Amy: I think you just need to be clear what you're trying to accomplish, like, am I trying to mitigate this a little bit…so one or two people are harmed less, especially if you're talking about the context of hospitals where people are very much harmed, and the stakes are very high? Or is it a project of, you know, total transformation? Also dealing with: what is the project of healthcare? What are the terms that we're really engaging with? If white middle class people are the baseline, and we're not articulating that… and then everybody else is somehow a community? So I think there's so many unarticulated assumptions, but I think there's work put into not articulating those assumptions, because then the whole project would crumble, or there would have to be more naked use of force, which we're kind of seeing play out in different ways. So I guess I just want to say I think it's okay to ascribe intention. And I think that people are protecting- I'm myself absolutely guilty of this - protecting our own interests.

16:32

Emily: Melody also reflected on the impulse to protect our own interests. As a researcher, she understands what funders want to see, and working on this paper highlighted for her that often compromise is required in order to move forward with your work.

16:46

Melody: And so in the context of this work, it very much shaped our thinking and discussions, at least for me personally, around talking about how we often see the language of vulnerable - which, frankly, that term is something I am guilty of having checked off on a grant proposal as "yes". You want to check off as many as possible so that you're more likely to get funding for something that you know is important. And so I have checked off "vulnerable" without even thinking too hard about it at different points. Not since reading this paper, but certainly before.

17:24

Emily: Melody notes that this is probably fairly common, that people don't think critically about how they're using this kind of vague language to their own advantage.

Melody: But I don't think it's a way that people necessarily interrogate or think about when they read it in papers, or when they're applying for grants. I feel like there are lots of people who use it without thinking very critically about how it's being used. But at the same time, I know that in order for it to be better addressed, it's more than just talking about the language, but it's actually doing something to change the power imbalance.

And I know some of it is insidious, but some of it is, I think, lack of will to make the change, because the change is too big and requires sharing too much of the decision making power. And probably giving up things that where, you know, people just get used to having the control over their own work setting.

18:21
Jennifer: Melody's talking about the difficulty of confronting power and power imbalance, and our collective inability to summon up the will to actually do anything about it. And yes, often it's because we're very comfortable with the status quo. But even for those who do try to make change, there can be a lot of barriers to progress. Amy brought up another paper she's involved with called “Bbringing Stakeholders Together for Urban Health Equity: Hallmarks of a Compromised Process”. We'll put a link in the show notes. What she took away from that research is that there's often no connection between what's talked about in engagement processes, and what actually happens.

19:03
Amy: So this was a paper that looked at engagement processes in different cities around the world and what worked and what didn't. And what I found really interesting was that the only way that grassroots stakeholders found out what was going to happen is when it actually happened, or when they force it to happen. So whatever words were buzzing around, whenever promises were made, whatever processes or planning processes happen, there was absolutely no indication of what was going to happen in reality. And I think that this is the same thing with patient engagement. I'm not a patient engagement person... but I've certainly seen a million advisories and volunteer things play out, including in my own hospital where they're trying to do it again. And I've never seen a relationship between those conversations. In reality, you have to read between the lines - you have to do all kinds of decoding.

19:44
Jennifer: The paper showed that there was no predicting whether a commitment made during a stakeholder engagement process was actually going to come to fruition. The stakeholders only knew something was happening when it actually happened or when they forced it to happen. The paper also found that transformative change seemed to come much more consistently and readily through grassroots actions that were independent from formal participatory processes. And in Amy's experience, this is also the case when it comes to engagement in her own professional setting, which is by no means unique. What is said or promised is not necessarily what's going to happen. So, reading between the lines, or, as she says, “decoding”, becomes necessary. She sees a connection between these two papers as being about vagueness: vagueness of language, and vagueness of process.

20:38
Amy: I feel like there's a direct relationship between vagueness of language and vagueness of process, in the sense that they accomplish the same thing - which is to keep people running around in circles thinking they're doing good work. And often they do take up good energy - genuine energy for change. But I think that if we actually studied those processes themselves, like even just took one institution: “what have your patient engagement processes been? What have your advisory councils been? How many equities committees do you have? Okay, what actually came out of that? How many job positions, how much money? How many policy

changes? How are they audited?" I think that you would find a bunch of - maybe not exclusively - but a bunch of mushy crap that didn't really come to anything. And it takes a bit of wind out of the sails of people who want to make change and keeps people running around in circles. And so I really think that my personal interest is in decoding what these institutions are doing - how they express themselves, and how they deploy vagueness in both process and language.

21:36

Jennifer: So back to the paper we were originally talking about. The authors discuss how this vagueness helps to divert eyes away from institutions and the ways in which it wields power. This also came up in our conversation, as Melody commented on research funding structures, and how the way things are set up. We can really only look outward at say programs or groups of patients, and not back at the institution.

22:02

Melody: The papers we were looking at, which is also very close to the work that we do, like the framing of how we get funding…it's in certain parameters. And the parameters are usually like an implementation of some kind of program, like testing out something that's very focused on a certain group of people. And the gaze has to be in one direction - you're not allowed to gaze back at the institution, because that's like biting the hand that's feeding the research. And that's not cool. So in some ways, the way the funding sometimes is organized or your job description in your case, doesn't really leave room for gazing back at the institution to say, "these are the things that need to change". It makes it really difficult. And until that becomes normal, these things are just going to keep recycling in our research and the framing of our research.

23:00

Jennifer: Remember the wheel spinning that Amy spoke about? This seems to apply also to what Melody is saying here, that even the structure of health research and research funding sets things up to move only in one direction, and it absorbs good energy. Imagine if researchers weren't always constrained by funding programs that favored pragmatic or implementable solutions. There could be more focus on how institutions conduct themselves. But as Melody said, that's not cool.

23:32

Emily: Right. So, what do we do with all this? We've now met a few people in healthcare who might not think of themselves as activists, but who I think bring a kind of activist energy to their work. I imagine it's hard not to get discouraged. One possible response is refusal or divestment, saying no to meaningless projects are activities that simply absorb good energy, and have no clear path to system transformation. But that doesn't mean doing nothing. There's still an expectation to produce work. And there's still a way to possibly make some kind of impact. Amy commented on how she reconciles this tension.

24:14

Amy: If there's any project behind the vulnerability paper and all the [others] it's to basically cut away plausible deniability. I think that's the best that we can hope for. So we told you what this language means. We told you it's attached to scientific racism. You know, it's very clear that this is bad work when you're using this very vague language. And then from that stems very vague methods, stems useless conclusions. We told you. And then, I

guess in my imagination desperately trying to redeem myself in the context of all of this, maybe that will lead to a little bit more accountability. Or at least shrink the space a little bit in which bad work can happen.

24:51
Jennifer: Now, to be clear, neither Amy nor Melody excused themselves from being accountable. Amy spoke about wanting to redeem herself, which means she knows she's part of the very system she's critiquing. When she speaks about self-interest, she's including herself. And Melody also. She's fully aware of the compromise required to check certain boxes in order to get funding so that she can continue with work she thinks is important. Amy said she wants to cut away plausible deniability: name things what they are, call out poor processes and methods that lead to useless conclusions… in order to ensure that no one can reasonably say they didn't know. And maybe, hopefully, this will lead to more accountability.

Hi Emily

25:47
Emily: Hi Jen. So what did you think about this episode? Did you find it upsetting or inspiring or what?

25:55
Jennifer: Oh, primarily upsetting. It's probably no surprise that my own views on engagement closely align to what Amy was saying about the wheel spinning and whatnot. So I've been really keen to do an episode like this. And at the same time, I do want to leave our listeners with something useful. Or, I mean, if not useful, we can at least try not to be too fatalistic. If any of what's been presented here resonates with listeners - well, I think we need to leave them with somewhere to go.

26:27
Emily: Yes. My sense is that some people have also been yearning for a conversation like this. But there will be many others who simply don't agree. For some, they do indeed feel they are transforming healthcare and making it better. And it's probably because they've seen for themselves that their contributions have led to something tangible, that made a difference for others. We also know lots of people who feel that agitating from the outside doesn't get anyone anywhere. Collaborating from the inside, by having a seat at the table is the most effective way to go. I actually think a lot of people are aware of some of the limits of engagement and partnership work, but feel that at least something is better than nothing. They might think, “at least it's a foot in the door”.

27:14
Jennifer: Sure. And at first glance, it might seem like it's just simply a difference in approaches. And I think you're right, there can be a feeling of positive change within a particular project or activity. And it makes total sense that it would feel worthwhile.

27:29
Emily: And to some extent, it would be worthwhile. I think we can still hold that to be true, while also considering how these activities may be accomplishing something else, which is harder, or more uncomfortable

to see. I mean, I get it. I do sometimes really feel engagement and partnership can bring a new shared understanding for people and it can positively affect a research process or project. This conversation, though, cast these kinds of activities in a very different light and reminds me of my position and all of this. I mean, what from my standpoint might seem like an obvious improvement? Well, things might not be so rosy when viewed from a different perspective. And even if there are good things being done, we have to consider whether overall the effect could be harmful.

28:22

Jennifer: Well, let's think it through. We spoke about health care being a white settler colonial project, which is to say that modern health care was forged and developed in a white settler colonial context. That fact is indisputable. And it's not a stretch from there to understand health care as a system that's been designed to best serve white middle class people. In this environment, anyone who is not white, and or middle class is an "other". They're the people who are not served well, who are not thriving in our system, who we say "fell through the cracks". Well, I think often about what Amy said earlier, that we're not controlled by ghosts, or the weather. None of this is an accident. Those others haven't been forgotten. They've been excluded. In engagement spaces, yes, there are well intentioned efforts to now include those we consider voiceless or vulnerable, which I think is driven by a sincere desire to create more diversity and address some of the gaps in terms of you know, what sorts of faces we see around the table. And even when we know a single effort might be inadequate, it can still feel like we're all pulling in the right direction. But if we combine this with another notion, the one that suggests maybe engagement spaces aren't actually sites of system transformation, and in fact, aren't meant to be. Then whatever we're performing in those spaces takes on the veneer of progress. Keeps us feeling productive, but still inside our comfort zone, and sets us up to reject anything that looks too demanding or radical.

30:08

Emily: So for the person who just wants to help out and who is having a good experience with engagement, that's a lot to take in. Even if they agree with what we're exploring here - and not everyone will - they might think, "well, this has nothing to do with me. And besides, there's nothing I can really do about it". It can feel really big and overwhelming. And as much as I relate to that, I really connect to this idea of plausible deniability. If we know what we know, but pretend we don't, well, we just don't have much of a leg to stand on. I think our conversation boils down to this. Whether we acknowledge it or not, white middle class people are the baseline, and everyone else is excluded or underserved. And we call those people vulnerable or marginalized. And then we try to recruit them in ways we think of as benevolent and inclusive. Like we're doing a good deed.

31:08

Jennifer: I think regardless of whatever good work happens inside engagement spaces, I think the long arc of it will continue to bend towards keeping the status quo. This idea that what we're doing is better than nothing? I think we should view this with skepticism. Thinking about engagement, and partnership and collaboration: these all have the look of being progressive, which potentially invalidates or replaces challenging or oppositional forces - the forces that apply pressure and demand accountability. I don't see this as harmless or better than nothing.

31:46

Emily: I agree. Although, I would say there's a reasonable argument in support of including patient perspectives and patient voices when looking to improve healthcare services and delivery. I think it becomes problematic if we assume all engagement and participation leads to system transformation, or that they inherently address the kinds of system inequalities we've been talking about. I see how some forms of engagement may be productive, while also making advocacy and activism much more difficult. Which is maybe the point.

32:22

Jennifer: Yeah, I think it's hard to fight against. I remember listening to a panel on patient engagement once, and one of the patients talked about having had a terrible experience. And how she embarked on a complaints process. She immediately got rerouted into engagement - an invitation from the CEO no less - to come and be part of the solution. Now, if I remember correctly, she thought it was great and was now part of a team of engaged patients that helped to intercept complaints and reframe their experiences. It's definitely less adversarial. But it effectively deflates whatever was animating the complaint in the first place.

33:01

Emily: Okay, so you mentioned earlier about people having options if they do connect to what we've been talking about. We can take away a few clues from our conversation, the most obvious one being to stop using vague language. And when we do encounter it, to interrogate what the purpose of the vagueness is.

33:20

Jennifer: I think often when we're confronted with uncomfortable realities, we lean on language as the way to fix things. We engage in dialogue, make a point to check our privilege. We talk a lot about vulnerable communities, whatever those are without actually venturing into them. And of course, these gestures alone are insufficient. So perhaps we could think about where exactly we're focusing our energies. I agree with Amy, that mitigating harm at the level of care is really important. I think patient input into things like patient safety or professional development potentially does help to reduce harm. And maybe there's some kind of tactical value in contributing to other activities too. But if there's no clear route to system transformation, or harm reduction, not participating might be a better option.

34:14

Emily: So connecting back to the paper, the main lesson is that vague language can not only lead to bad work and wrong or misleading conclusions, but also serves to avoid showing or assigning accountability. Is this a call to stop doing or enabling activities that clearly ignore explain away uncomfortable truths? Or is there a path forward in engagement and partnership that has a role in pushing for transparency and accountability?

34:43

Jennifer: I mean, sure, anything's possible. I'm not convinced that transformation can come from the inside. In our conversation we spoke briefly about the relative effectiveness of external groups and their ability to apply pressure - particularly groups that are already organized around specific agendas. At least there's clarity to that work. And, you know, I think sometimes conflict and pressure are excellent catalysts.

So we'll leave off here hopefully to pick up some of these threads again in future episodes. You know, as much as we aim for variety in this podcast, it does always seem to be the same questions that plague us. What is it we're doing in these engagement spaces? And whom does it serve?

Special thanks to Amy Katz and Melody Morton Ninomiya for participating in this episode. If you have any questions or comments, you can reach us through our website at matters of engagement.com.

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