Wilfrid Laurier University

Scholars Commons @ Laurier

Lyle S. Hallman Social Work Faculty Publications

Lyle S. Hallman Faculty of Social Work

2009

Power, Pathological Worldviews, and the Strengths Perspective in Social Work

Jill S. Grant
University of Windsor

Susan Cadell
Wilfrid Laurier University, scadell@wlu.ca

Follow this and additional works at: https://scholars.wlu.ca/scwk_faculty

Power, Pathological Worldviews, and the Strengths Perspective in Social Work

Jill G. Grant & Susan Cadell

ABSTRACT

This article takes up Blundo's (2001) assertion in this journal that in order to practice from the strengths perspective, social workers need to alter their "frames." Expanding on this assertion, we specify a particular frame that requires change: a pathological worldview. Examining the strengths perspective with regard to a Foucauldian analysis of power, we argue that to thoroughly implement the strengths perspective, we need to consider the dividing practices that allow us to maintain power and that reflect a pathological worldview. This article provides considerations for social work practice that will be of interest to practicing social workers and social work educators interested in continuing to develop their strengths-based practice.

This article takes up Blundo's (2001) assertion in this journal that in order to practice from the strengths perspective, social workers need to alter their "frames," or the ways in which they understand and experience the world. Expanding on this assertion, we specify a particular frame that requires change—a pathological worldview—and analyze the dangers that arise when we do not alter this frame, arguing that the effects of a pathological worldview have the potential to exacerbate unequal power relations between social workers and those who receive services. Indeed, we argue that social workers' pathological worldviews have the tendency to divide the people who use services from social workers, thus reinforcing the power imbalances. This argument is theorized using the work of Michel Foucault (1969/2002, 1994) and illustrated by excerpts from a research project of mental health organizations employing mental health consumer-survivors, demonstrating concrete support for Blundo's assertion.[1] This article provides considerations for social work practice that will be of interest to practicing social workers and social work educators interested in continuing to develop their strengths-based practice.

Pathological Worldview

The strengths perspective advocates moving away from privileging pathology, or what is going wrong, in order to add strengths, or what is going well, into social work assessment and intervention (Saleebey, 2006b). We define a *pathological worldview* as the belief that practice begins with what has gone wrong. It is related to a pathogenic rather than a salutogenic (Antonovsky, 1979) approach to health. Although the term is not used in the strengths literature, a pathological worldview forms the basis for an approach to the practice that examines what is not working rather than what is. This focus on the negative, we assert,

further influences social workers' attitudes toward those who receive services, so that we see those we support as somehow very different from us, and we interpret the actions, feelings, experiences, and beliefs of those we support from a pathological framework. We posit that this view has so permeated society that it has become a worldview.

The Strengths Perspective

The strengths approach to social work practice values empowerment of individuals seeking services and advocates a relationship of collaboration as opposed to one of authority (Blundo, 2001; Brun & Rapp, 2001; Itzhaky & Bustin, 2002; Kisthardt, 1997; Oko, 2006; Saleebey, 2006b; Staudt, Howard, & Drake, 2001). Recognizing the resilience of individuals and believing in the potential of all humans, the focus is changed from one of limits to one of potentials, building on strengths, interests, abilities, knowledge, and capacities (Kisthardt, 1997; Saleebey, 2006b; Staudt et al., 2001).

The strengths perspective has been applied to case management approaches in mental health service delivery (Brun & Rapp, 2001; Macias, Kinney, Farley, Jackson, & Vos, 1994; Sullivan, 1992). Macias et al., for example, compared a group of consumer-survivors receiving strengths-based case management to a group receiving other psychosocial rehabilitation services and found that those receiving strengths-based case management had fewer symptoms, were less of a burden to their families, and experienced fewer hospitalizations. In a six-year review of 12 demonstration projects of strengths-based case management in Kansas, Sullivan noted that 79% of consumer-survivors had reached the goals they had set. Staudt et al. (2001), however, examined the evidence base of the strengths perspective and asserted that it is not well defined, and that it was not the strengths perspective but the addition of service—any service—that led to the positive outcomes in these studies. They further argued that the strengths perspective is not a model but a value stance—and one that is consistent with social work

---

[1] Consumer-survivor is a frequently used term to refer to those with serious mental health issues.

values. Since we understand social work to be a value-based profession, this statement reinforces rather than negates for us the importance of the strengths perspective to social work.

The strengths perspective has been criticized for ignoring the pain inherent in living with challenges and for being naïve and simplistic (Brun & Rapp, 2001; Graybeal, 2001). We assert that these criticisms are based in erroneous dichotomies: that one is either ill or well, that one has difficulties in living or one does not, and that one either needs support or does not. In contrast, many of the issues for which social workers provide support are cyclical: We all have occasions of difficulty in living, and we all need support at various times in our lives. To fully understand the basis of the strengths perspective, it is necessary to understand that it is possible—in fact, quite likely—to face adversity and to thrive, not necessarily *in spite of it* but often in great part *because of it*. Studies of those who have faced adversity suggest that it can be a transformative experience, with enduring positive effects on problem-solving abilities, sensitivity, relationships, coping skills, ability to set priorities, efficacy, and self-knowledge (Aldwin, Sutton, & Lachman, 1996; Joseph & Linley, 2008; McMillen, 1999). In contrast to the notion that the strengths perspective glosses over problems, we consider that it challenges practitioners to combine an understanding of the potentials of individuals with an acute sensitivity to the barriers they may face.

Saleebey (2006b) also noted that some have critiqued the strengths perspective's lack of acknowledgment of oppression and structural challenges. In fact, Davis (2001) suggested that there is a danger that the strengths perspective may be used against people, supporting the neoliberalist primacy of autonomy—in effect, demanding that individuals "stand on their own two feet" or "pull up their socks." We will examine this critique in this article, arguing that this danger is augmented when social workers practicing from a strengths perspective do not alter their pathological worldview.

Responses to these critiques have noted that the problem lies not in the strengths perspective itself but rather in its implementation. In particular, Saleebey (2006b) noted that paying attention to strengths does not necessitate ignoring challenges, and that there is nothing in the strengths perspective suggesting that social workers ignore power. We respond that there is also not enough attention paid to power within the strengths perspective—and that this increases the potential for ignoring structural challenges and inequitable power relations. As Davis (2001) noted, the strengths perspective can depoliticize issues by focusing on the ways in which individuals and communities can face the challenges they encounter without an analysis of the context. Again, we concur that there is nothing within the perspective that encourages this, but the lack of a specific focus on power relations can contribute to the misuse of the strengths perspective. In particular, agreeing with Blundo (2001), who noted that the implementation challenges with the strengths perspective are related to our frames, we argue that our pathological worldviews reinforce power differentials and, without changing them and without an explicit focus on power relations, we continue to create divisions between service users and service providers. As will be shown in the following sections, Michel Foucault's (1969/2002, 1994) formulations of knowledge and power help us to see this danger.

Power and Our Views of Those We Support

While the discussion of oppression and power relations is not a focus of the strengths perspective, some of the literature does discuss power. For example, Cowger, Anderson, and Snively (2006), discussing assessment from a strengths perspective, noted that a collaborative process with shared decision making can decrease power differentials, which are reinforced when we take an expert role. Johnson and Rhodes (2000) asserted that the strengths perspective can address oppression, especially when we attend to power relations. Early and GlenMaye (2000) illustrated this by noting that one strength to which we can attend consists of the resources that have helped someone to survive in the face of oppression.

The divisions between service users and service providers mentioned previously are not benign. Foucault (1994) referred to these divisions as *dividing practices* that have as an effect the increase of power of those who divide themselves from others while at the same time subjugating the *Other*. Foucault (1969/2002) understood knowledge and power to be in a circular relationship, noting that knowledge creates and maintains power and that power creates and maintains knowledge. In the absence of attention to relations of power, then, the strengths perspective may inadvertently lead to further pathologizing of service users through subjugation of service users' knowledges and experiences. As Miley and Dubois (2007, p. 35) noted, "even a voice affirming the strengths of those who are oppressed may not be heard in relationships skewed by power and privilege."

We believe that one of the reasons that the pathological perspective is very difficult to relinquish is exactly that it helps us as social workers to maintain our power (Cowger et al., 2006). By taking a pathological perspective, we label those using services as somehow different from us, thus (from a Foucauldian analysis) providing the context in which we can continue to define knowledge and preserve our power within the relationship. Addressing these divisions is well within the scope of the strengths perspective, which advocates a relationship of collaboration (Saleebey, 2006a). Indeed, Sousa, Ribeiro, and Rodrigues (2006) linked practitioners' lack of focus on strengths to the reinforcement of the role of expert.

Acknowledging and resisting relations of power are necessary, but not sufficient, conditions for undoing dividing practices. Although the antioppressive approach (AOP) specifically focuses on power, one of the critiques of this approach is that it may reinforce the division between service user and service provider (Beresford & Croft, 2001). This occurs when the service provider exercises the power to assign the label of "oppressed" and to define the entire perspective without service user input. This is a further example of social workers' tendency to have a pathological worldview, because it risks labeling a service user as a victim and risks reinforcing the impression that it is solely academics and professionals who have the knowledge to define and create interventions.

We assert that the strengths perspective requires a simultaneous attention to strengths and to power, perhaps in a combination of AOP and the strengths perspective wherein the contributions of each (strengths and attention to power) would complement one another.

Using data from research, we illustrate the dangers inherent in holding onto a pathological worldview and of ignoring power when implementing the strengths perspective.

The Research

The data to be presented here come from a small analysis of a larger project that explored the employment of individuals labeled with mental illnesses in community mental health organizations (see Grant, 2007, in press). These individuals are referred to as *prosumers*.[2] Small

---

[2] This term is not commonly used but has been used by Davidson, Weingarten, Steiner, Stayner, & Hoge (1997), Frese and Davis (1997), and Salzer (1997). The more common term to refer to those who both provide and receive mental health services is consumer-provider.

segments of data collected from one of the organizations studied are considered. The analysis arose because one of the authors (JG) noticed that a strengths-oriented perspective seemed to be used against service users at one of the organizations. Thus, we set about to try to understand this. Data collection for this organization included 12 interviews with staff members of the organization, 122 hours of participant observation, and analyses of documents (policy manuals, annual reports, memos, staff timesheets, and job descriptions). The interviews were analyzed in a two-stage thematic analysis process where, at each stage, data were reduced using codes, then combining codes to further reduce data into categories, then finally into themes. For a complete description of the larger study and of the interview analysis, see Grant (in press).

Description of the Organization

The organization represented here is a mental health-supported housing organization in a large city in Canada. It has been given the pseudonym Synergistic Housing Supports (SHS). At the time of this research, the organization operated a 40-unit apartment building for individuals labeled with mental illnesses. The organization's main focus is on building community and recovery through community. The community to which SHS strives is built on mutual respect, interdependence, and structured flexibility. In the data that follow, quoted interview participants are identified by a pseudonym that they chose as well as by whether they are a prosumer (P) or nonprosumer (NP).

The Strengths Perspective at Synergistic Housing Supports

The first indication that SHS recognizes and values individual strengths is clear upon initial entry into the building. The hallway of the business entry is filled with products of the talents of the internal community members. There are samples of artwork by tenants in the hallway, the most prominent of which is an impressive poster portraying the organization's mission, values, and goals. The first impression is one of celebration of one another. This is further supported in the staff manual. At the front of this manual is this sentence: "Diversity of people, perspectives, culture, skills, and other areas is celebrated." Tom (NP) described how this celebration is translated into the ways in which he approaches supervision of staff members:

> You are supervising a group of individuals, and people will respond to situations in different ways. If a problem occurs, how I may deal with it with one person won't be exactly the same way as I deal with it with another.

The recognition of individual strengths is especially apparent in the value placed on the strengths of the prosumer workers, both by themselves and by most of the nonprosumer staff. At a prosumer staff meeting, the nonprosumer supervisor of the prosumers asked them to identify what they considered to be the unique strengths that peer staff can bring to mental health work. Two aspects of this struck the researcher: first, that the question was asked, and second, the conviction with which the prosumer staff members responded. Their responses are documented in field notes: "understanding," "navigating systems," "advocacy," "know people," and "understand what people are going through while others who haven't don't understand as well." After giving each prosumer a turn to answer the question, Tom, the supervisor, then also gave his reflection:

> I know that each of you is valuable in your own way to [SHS]. I could go around the table and highlight what each of you brings, but I'm afraid I would embarrass you. So, I'll just say generally that I know you understand the other residents better than I do. I also think you are much more forgiving of your peers than I am.

Then he went on to say that the strength of [SHS] is in the way that the "gifts" of all staff members work together. Other nonprosumer staff members also recognize the abilities of the prosumer staff at SHS. Marianne (NP), for example, said:

> They're a wonderful source of information about supporting consumers. I'm thinking about [one prosumer] in particular. She's ready with the information, she has a good knowledge base of how things work here, what people like, what they don't like, the process. It's been invaluable.

When asked to give an example of something a prosumer had taught her, Marianne replied:

> To stand back a little, right, and to not just want to dive in and fix everything 'cause you really can't. You just have to be there for support. You have to do what you need to do and then just wait to see what happens. That's what I saw [the prosumer] doing: patience.

Samantha (NP) also saw prosumer co-workers as talented, noting that their experiences give them a depth of understanding that she believes she lacks.

> There is no way for me ever to understand how it feels to have a crisis, a mental health crisis, because I've never been in one, so I think it's a great advantage because they exactly know how it feels. They would be in a much better position, not only empathically to counsel this person but also to know what to do and how to do it. I might have the book knowledge, but what I'm lacking is the personal experience.

The simple state of employing prosumers suggests celebrating the strengths these employees have gained from experiences with mental illnesses and with the mental health system. As the preceding data suggest, the organization is committed to recognizing these strengths. Coexisting with this celebration of strengths, however, are examples of a more negative belief system.

Pathological Worldview With Inattention to Power Relations

Nonprosumer staff members appear sometimes to be lacking in their understanding of the privileges they hold vis-à-vis the tenants at SHS. This absence of awareness leads to, from our observation, attitudes in some staff members that, in the effort to normalize mental health issues, have the potential to diminish and infantilize tenants through an unexamined use of authority. This potential, we believe, exists when staff members uphold a pathological worldview.

Consumer-Survivors Aren't Grateful Enough

There exists a belief at SHS that tenants of the community must demonstrate that they are grateful for what they have. Tracey (NP) reflected this attitude when she complained, "I would like to see residents have

more of a sense of accountability and less of a sense of entitlement than sometimes I see, because you see selfishness, and I remind them of how lucky they are." Many nonprosumer staff members reiterated Tracey's words in their interviews or in informal interviews, noting that the tenants of SHS are, as one staff member phrased it, "spoiled."

Tom (NP) also hinted that he has resentment toward the lack of gratefulness among tenants, when he described an attitude among some tenants that frustrates him: "I'm not talking there aren't individual differences, but this whole idea…that everybody owes me everything, that life is just a big vending machine, you push the button and you get what you want." When asked for an example, Tom provided the same example that Tracey (NP) provided a few days later. Tracey said, "I get really ticked off when I hear about people applying for the food allowances that [the provincial antipoverty coalition] is all over." In this example, both Tom and Tracey explained that the provincial coalition against poverty had been to the building encouraging tenants to apply for food allowances, and that they were outraged that residents had used the food allowances for bottled water.

SHS is, as many community members affirm, a gem among supported housing facilities. Tenants have their own apartments, the building is safe and clean, and there are luxuries, including air conditioning. For this reason, tenants of SHS can be considered privileged compared to other consumer-survivors who live in substandard conditions, and nonprosumer staff members frequently remind them of this. For example, when asked how SHS demonstrates that it values prosumer workers, Ellen (NP) remarked:

> We value them every day. We feed them well. They live in an air-conditioned apartment. I'm 58½ years old, and a month ago I moved to an air-conditioned apartment for the first time in my life. It's not your right—it's your privilege.

Although it is, we concur with Ellen, an important aspect of privilege to recognize our sources of privilege, it appears that her pathological worldview suggests that the tenants are not deserving of the privileges they hold. Again, though it might be a laudable goal for tenants to recognize that they have strengths and privileges that many living with mental illnesses do not have, the fact that this demand occurs in the absence of awareness of power means that nonprosumer staff members avoid considering an important fact. Although tenants of SHS do have a comfortable and safe home with some luxuries, this home does not belong to them and may, in reality, be taken away at any moment. Nonprosumers have this power and seem to be unaware of it. This was confirmed by one tenant who said, "People live in fear that they'll be kicked out, and it's kind of an unfortunate thing to have. So, if we could be told that they understand us…"

Normalizing Mental Health Issues

In addition to certain privileges appearing to be a source of consternation for some nonprosumer employees, the efforts toward normalizing mental health issues, focusing on strengths, creates some possible dangers at SHS—especially when this focus occurs in the context of a pathological worldview.

For example, Tracey (NP) said, "and I always tell residents that all of us will become disabled at some point in our lives…They're just ahead of the rest of us on the learning curve." When asked if she believes that stigma increases the degree of disability that residents face, she replied, "They stigmatize themselves," suggesting that she does not see a difference between disability that is lifelong and for which one is often

marginalized and disability that is a result of the natural aging process. That this recognition is absent lends a tone of blame and resentment toward the privileges that residents do have, as reflected in Ellen's words in the previous section. In attempts to focus on strengths, a laudable goal, Tracey's pathological worldview is evident in her inability, at this moment, to see the coexistence of strengths and challenges.

Professionals as Experts

As noted earlier, a pathological worldview can serve to separate us as social workers from those we serve. This effect was evident in the tendency of nonprosumer staff to position themselves, on some occasions, in the role of expert despite their focus on the strengths of their service users and the prosumers. The most blatant example of this is found in the titles of the positions of prosumer (junior resource workers) versus nonprosumer (senior resource workers) staff members.

In interviews, individual staff members also sometimes reflected this positioning of themselves as experts. Even while pointing out the strengths of a prosumer, for example, Samantha (NP) emphasized her own expertise:

> With my support he has been flying…I've noticed that when… the senior resource worker supports the junior resource worker and teaches them some skills, they actually, they do have a lot of confidence, and I've observed [the prosumer] growing quite steadily.

It is interesting that Samantha, in this description, seems unable to simply allow the prosumers to have their own strengths, but must give herself credit, thus reinforcing her expertise.

Discussion and Implications for Practice

The preceding examples have provided some support for Blundo's (2001) assertion that working from a strengths perspective requires a fundamental change in the ways in which we understand and experience the world. The data reported here help us to see this possibility and also to specify that a pathological worldview with inattention to power is one of the frames that ought to be changed for a strengths approach to social work to accomplish its goals. We expand on this next and provide some implications for practice.

As noted, a strengths perspective focuses on abilities rather than deficits, maintaining and reflecting a hopeful stance toward the potential of all humans (Kisthardt, 1997; Saleebey, 2006b; Staudt et al., 2001). We have suggested that, in many ways, SHS can be understood to be operating from a strengths perspective.

We also noted that the strengths perspective has been criticized for being naïve and for downplaying the barriers that individuals labeled with mental illnesses face (Brun & Rapp, 2001; Graybeal, 2001). We asserted that these criticisms are based on a dichotomous formulation of health and illness. Here, we will more fully examine these concerns, as we believe that SHS helps us to understand the possible dangers of considering strength and need dichotomously. First, we examine the quandary of nonconsumer-survivors looking for gratitude from the tenants at SHS.

Questioning a Focus on Gratitude

We understand the expectation of gratitude as an expression of power, and more precisely as a dividing practice (Foucault, 1994) that has the effect of both reinforcing the power of social workers and of segregating those who use social work services. We make a differentiation between

appreciation and gratitude in terms of the relationship each suggests. Appreciation connotes a mutual, reciprocal relationship where each individual may at different times feel appreciative of the other. Gratitude, on the other hand, connotes a hierarchical relationship, where one appears to be beholden to the other, evoking the image of a supplicant.[3]

Both Abramson (1982) and Cox (1998) suggested that, with fiscal cutbacks in social service agencies and an increased focus on individualism, there are increasing demands for those receiving services and public financial support to express gratitude and to demonstrate their obligation to society, a shift away from the rights perspective that was ensconced in the Canada Assistance Plan and Human Rights Legislation (A. Westhues, personal communication, October 12, 2005). It may well be that this expectation has an outcome of dividing service users from social workers (Foucault, 1994) by emphasizing their differences and creating a fear that the support is temporary and contingent on gratitude. This fear was expressed, as noted earlier, by tenants' fear of losing their housing. The contingency of care, we believe, transforms it into a form of control, or an exercise of power, as we implicitly communicate to those we support that they are only worthy if they show their gratitude.

We understand this need for gratitude to come from social workers' pathological worldviews. If we see the people we support from a pathological perspective, then we risk making the assumption that they are taking advantage of situations (or of social workers), which may increase our need to see gratitude.

Changing Direction

Tracey's comment about tenants being further along the learning curve than the rest of us suggests a lack of awareness of the barriers related to attitudes toward mental illness and to having an early onset of disability faced by those with mental health difficulties. The efforts to normalize mental illness, suggested here by Tracey's words, have the potential to both downplay the very real barriers faced by tenants at SHS and communicate that talking about those same barriers and struggles is not acceptable. This may be particularly cogent in the case of prosumers whose strengths we celebrate when they are hired.

Focusing solely on the strengths of an individual without hearing and attempting to understand their pain has the potential to create a barrier to expressions of need. The central question, we believe, is this: How do we practice social work from a strengths perspective without communicating that pain and need are irrelevant?

One answer, though quite simple, is also quite complex. Simply stated, as suggested earlier, it is vital that we not consider health and illness dichotomously but rather understand that one can, actually must, experience both strengths and needs simultaneously. To recognize one's needs does not negate the presence of strengths, and so it is not necessary to downplay the struggles someone faces. Conversely, by being present with someone's pain we are not forgetting or minimizing their strengths.

One way to begin this process is to reverse the strategy that Tracey expressed earlier. Rather than trying to normalize *for consumer-survivors* their disability, we believe we need to normalize *for ourselves* pain and struggle. The difference is subtle but extremely important: It suggests changing a pathological assumption that the service user needs to relearn when, in reality, it may be the social worker who needs

---

[3] In fact, the Oxford English Dictionary (Onions, 1959, p. 824) alludes to this hierarchy when it names the individual toward whom one is grateful a "benefactor."

to relearn. Although attempting to help consumer-survivors to see our commonality is certainly a desirable goal, we assert that other changes need to occur first.

One of those changes is evinced by service providers moving beyond our pathological worldview that may make us see pain as something to avoid and that belongs to service users, not to service providers. In effect, we are suggesting that as social workers, we need to normalize pain for ourselves. We need to understand that pain does not necessarily destroy one, and that those facing challenges have the ability, when they have access to resources, to endure these challenges. Even more important, however, is that we must acknowledge that, just like service users, we face challenges and pain at the same time that we have strengths, talents, and resources. This helps us to remember that by acknowledging someone's pain, we are not denying their strengths and vice versa. The challenge of this reversal of strategy, however, is the need for us as social workers to acknowledge our own similarity with those we support, undoing the dividing practices (Foucault, 1994) so common in social worker–service user relationships.

Positioning Challenges Structurally

Our pathological worldviews may also influence us to position challenges within individuals rather than within structural conditions. Tracey provided an example of this in her answer to the question about consumer-survivors facing stigma. Increasing the awareness of the influences of structural conditions has the potential to help us better understand those we support and to alter what may be a dichotomous understanding of strength and need and illness and health. The benefit of considering broader structural influences on the lives of those receiving services extends beyond social workers. Service users themselves may benefit from a shift in perspective toward structural formulations of challenges. In interviews with social service workers supporting young mothers, Weinberg (2004) found that workers who considered the repercussions of structural influences in the lives of those they supported were more tolerant and empathic. When working with social work students, one of the authors (JG) asks them, in every assessment, to start with an identification of the macro issues that are impacting on clients' situations. This helps the students to begin with a less individualistic, potentially blaming approach, which ultimately leads to a more balanced approach, including structural challenges.

Creating Synergy

Finally, changing our pathological worldview entails understanding that the strengths, talents, and resources of service users are not a threat to us. The strengths perspective, as noted earlier, advocates a relationship of collaboration. This suggests that, as social workers, we have the potential of creating a synergy when our strengths, talents, and resources combine with those of our service users. To acknowledge that we can learn from service users does not detract from our skills but has the potential to add to them. One of the participants in this study suggested that, as a start, it is good practice to review the files of those we support, with the sole intention of identifying their strengths.

Conclusions

The examples from SHS illustrate our agreement with Blundo's (2001) assertion that social work practice would benefit from an alteration of frames. Although the examples here stem from a mental health context, the concept of altering frames should not be considered to be exclusive to that setting. To fully practice from a strengths perspective,

social workers need to examine the dividing practices of understanding dichotomies of health and illness, ability and disability, strengths and pain. We assert that it is a pathological worldview and an inattention to power relations that maintain these dichotomies and further the divide between social workers and those to whom they provide support. Both the profession and those whom we serve would benefit from this much needed shift.

References

Abramson, M. (1982). Social work and the safety net. *The Hastings Centre Report, 12*, 19–23.

Aldwin, C. M., Sutton, K. J., & Lachman, M. (1996). The development of coping resources in adulthood. *Journal of Personality, 64*(4), 837–871.

Antonovsky, A. (1979). *Health, stress and coping: New perspectives on mental and physical well-being.* San Francisco: Jossey-Bass Publishers.

Beresford, P., & Croft, S. (2001). Service users' knowledges and the social construction of social work. *Journal of Social Work, 1*(3), 295–316.

Blundo, R. (2001). Learning strengths-based practice: Challenging our personal and professional frames. *Families in Society: The Journal of Contemporary Human Services, 82*(3), 296–304.

Brun, C., & Rapp, R. C. (2001). Strengths-based case management: Individuals' perspectives on strengths and the case manager relationship. *Social Work, 46*(3), 278–288.

Cowger, C. D., Anderson, K. M., & Snively, C. A. (2006). Assessing strengths: The political context of individual, family, and community empowerment. In D. Saleebey (Ed.), *The strengths perspective in social work practice* (pp. 93–115). Boston: Pearson.

Cox, R. H. (1998). The consequences of welfare reform: How social conceptions of justice are changing. *Journal of Social Policy, 27*(1), 1–16.

Davidson, L., Weingarten, R., Steiner, J., Stayner, D., & Hoge, D. A. (1997). Integrating prosumers into clinical settings. In C. T. Mowbray, D. P. Moxley, C. A. Jasper, & L. L. Howell (Eds.), *Consumers as providers in psychiatric rehabilitation* (pp. 437–455). Columbia, MD: International Association of Psychosocial Rehabilitation Services.

Davis, L. E. (2001). *The problem of race: A renewed focus.* The Carl A. Scott Memorial Lecture presented at the annual program meeting of the Council on Social Work Education, Dallas, TX.

Early, T. J., & GlenMaye, L. F. (2000). Valuing families: Social work practice with families from a strengths perspective. *Social Work, 45*(2), 118–130.

Foucault, M. (1969/2002). *Archaeology of knowledge.* New York: Routledge.

Foucault, M. (1994). The subject and power. In J. D. Faubion (Ed.), *Power* (pp. 326–348). New York: The New Press.

Frese, F. J., & Davis, W. W. (1997). The consumer-survivor movement, recovery, and consumer professionals. *Professional Psychology: Research and Practice, 28*(3), 243–245.

Grant, J. (2007). The participation of mental health service users in Ontario, Canada: A Canadian application of the Consumer Participation Questionnaire. *International Journal of Social Psychiatry, 53*(2), 148–158.

Grant, J. G. (In press). Embracing an emerging structure in community mental health services: Hope, respect, and affection. *Qualitative Social Work.*

Graybeal, C. (2001). Strengths-based social work assessment: Transforming the dominant paradigm. *Families in Society: The Journal of Contemporary Human Services, 82*(3), 233–242.

Itzhaky, H., & Bustin, E. (2002). Strengths and pathological perspectives in community social work. *Journal of Community Practice, 10*(3), 61–73.

Johnson, M. N., & Rhodes, R. (2000). Advancing a strengths perspective in the study of vulnerable populations: Seeing resilient victims in a context of adversity and oppression. *The Journal of Baccalaureate Social Work, 6*(1), 53–66.

Joseph, S., & Linley, P. A. (2008) Positive psychological perspectives on posttraumatic stress: An integrative psychosocial framework. In S. Joseph & P. A. Linley (Eds.), *Trauma, recovery, and growth: Positive psychological perspectives on posttraumatic stress* (pp. 3–20). Hoboken, NJ: John Wiley & Sons.

Kisthardt, W. (1997). The strengths model of case management: Principles and helping functions. In D. Saleebey (Ed.), *The strengths perspective in social work practice* (pp. 97–113). Boston: Pearson.

Macias, C., Kinney, R., Farley, O. W., Jackson, R., & Vos, B. (1994). The role of case management within a community support system: Partnership with psychosocial rehabilitation. *Community Mental Health Journal, 30*(4), 323–339.

McMillen, J. C. (1999). Better for it: How people benefit from adversity. *Social Work, 44*(5), 455–68.

Miley, K., & Dubois, B. (2007). Ethical preferences for the clinical practice of empowerment social work. *Social Work in Health Care, 44*(1/2), 29–44.

Oko, J. (2006). Evaluating alternative approaches to social work: A critical review of the strengths perspective. *Families in Society: The Journal of Contemporary Social Services, 87*(4), 601–611.

Onions, C. T. (Ed.). (1959). *The shorter Oxford English dictionary on historical principles* (3rd ed.). Oxford: Clarendon Press.

Saleebey, D. (2006a). Introduction: Power in the people. In D. Saleebey (Ed.), *The strengths perspective in social work practice* (pp. 1–24). Boston: Pearson.

Saleebey, D. (2006b). The strengths perspective: Possibilities and problems. In D. Saleebey (Ed.), *The strengths perspective in social work practice* (pp. 279–303). Boston: Pearson.

Salzer, M. S (1997). Consumer empowerment in mental health organizations: Concept, benefits, and impediments. *Administration & Policy in Mental Health, 24*(5), 425–434.

Sousa, L., Ribeiro, C., & Rodrigues, J. (2006). Intervention w th multi-problem poor clients: Towards a strengths-focused perspective. *Journal of Social Work Practice, 20*(2), 189–204.

Staudt, M., Howard, M. O., & Drake, B. (2001). The operationalization, implementation, and effectiveness of the strengths perspective: A review of empirical studies. *Journal of Social Service Research, 27*(3), 1–21.

Sullivan, W. P. (1992). Reclaiming the community: The strengths perspective and deinstitutionalization. *Social Work, 37*(3), 204–209.

Weinberg, M. (2004). *Pregnant with possibility: Reducing ethical trespasses in social work practice with young single mothers.* Unpublished doctoral dissertation. Univers ty of Toronto: Toronto, ON.

Jill G. Grant, PhD, MSW, is assistant professor, School of Social Work, University of Windsor. **Susan Cadell,** PhD, MSW, is associate professor, Lyle S. Hallman Faculty of Social Work, Wilfrid Laurier University. Correspondence regarding this article can be sent to the first author at jgrant@uwindsor.ca or University of Windsor, School of Social Work, 401 Sunset Avenue, Windsor, ON, N9B 3P4 Canada.