

# **My Sojourn with the Strengths Perspective: Growth and Transformation through Crisis, Illness, and Disability**

Edward R. Canda

## **INTRODUCTION**

I count myself extremely fortunate to have spent most of my academic career at the University of Kansas School of Social Welfare, inspired by the Strengths Perspective. I arrived in 1989, just as the Strengths Perspective was being officially named in publication and being set as an orientation for our School (Weick, Rapp, Sullivan, & Kisthardt, 1989). I retired December 31, 2019, in the midst of our year-long 30<sup>th</sup> Anniversary Celebration of the Strengths Perspective at KU. This chapter is a summary of my sojourn with the Strengths Perspective, including how it inspired my scholarly work and insights about the human possibility for growth and transformation through adversity.

Major principles of the Strengths Perspective can be found in a concise form on our School's website. So here I will only highlight some of its features that are especially pertinent to my work. Strengths-based social workers honor the strengths, resources, and possibilities for growth and positive transformation in each person and group. We collaborate with clients to assess and mobilize their strengths and resources as relevant to their goals and aspirations. We collaboratively work to overcome blocks and barriers and to generate new strengths and resources. And we promote empowerment, well-being, and global and environmental justice for everyone. We realistically acknowledge adversity, struggles, illness, oppression, and calamities, but we keep hope in the possibility for growth and transformation in any

situation and we never reduce people to dehumanizing and possibility-crushing labels, stigmas, and assumptions about deficits, pathologies, and problems (Saleebey, 2000, 2013).

My career has addressed significant life challenges such as refugee resettlement, chronic illness, and mental health recovery. It highlights the ways people grow and transform through creative responses to life difficulties and disruptions from the personal to the global, especially by drawing on spiritual strengths and resources. It also champions proactive encouragement of positive growth as an ongoing way of life, during every phase of life, whether smooth and gradual or marked by pits of crisis or peaks of insight and ego-transcendence.

Inspired by the Strengths Perspective, my intention has been to promote awareness and openness to a growth-oriented way of life. Hopefully, this expands clients' and the general public's awareness of this possibility and supports their choice to live this way, if they wish. Hopefully, this encourages social workers and other helping professionals to be open and supportive of people's full developmental possibilities; to support the optimal potential for clients in whatever situation, according to their priorities; and to promote regional and global conditions of well-being and social and environmental justice that are crucial for this growth. This means that social workers support people in all their circumstances when going easily with the flow of life, when feeling down and out, and when they are ready to move up and through.

### **MY PERSONAL SOJOURN WITH THE STRENGTHS PERSPECTIVE AT KU**

I was attracted to join the KU faculty because I had come to know of the innovative thinking of Ann Weick and Dennis Saleebey in the mid-1980s. They were involved with many other scholars in holding alternative paradigm gatherings within the Council on Social Work Education's Annual Program Meetings of the time. People gathered who were questioning the influence of patriarchal, positivistic, pathologizing, problem-focused, Eurocentric and other biased and restrictive perspectives that had widespread influence in social work education, research, practice, and policy.

My interests in qualitative research methods, social constructionism, transpersonal theory, cross-cultural collaborations, and spiritual diversity were welcomed in this group at a time when many social work education programs were suspicious or dismissive of them. My social work publications prior to joining KU advocated for insights from shamanism and cross-cultural study of transformational rituals to inspire clinical social work (1983, 1988a), a holistic approach to social work drawing on Eastern philosophy and dynamic systems theory (Imbrogno & Canda, 1988), and the formation of an inclusive and comprehensive understanding of spirituality that embraces religious and non-religious views in order to promote a bio-psycho-social-spiritual-natural environmentally attuned social work (Canda, 1988 b & c). These ideas were not widely (or even barely) accepted at the time.

When I learned that KU had openings on the faculty for 1989, I was eager to join a place that included Ann Weick as Dean and Dennis Saleebey as Director of the doctoral program. The fact that they and colleagues welcomed me demonstrated their openness to alternative views of social work. In particular, they recognized that my interests in spiritual and religious diversity were compatible with the Strengths Perspective. For example, my job interview on campus included a presentation from community service and field research on the personal and community support systems created by Southeast Asian refugee communities in the Midwest, such as Buddhist temples, cultural celebration and preservation activities, ethnic mutual assistance associations, and venues for traditional healers such as monks and shamans (e.g. Canda & Phaobtong, 1992). I felt a deep affinity for the strengths vision that was growing in the School. And since then I never regretted my decision to come to KU, which provided me with an academic home and solid base of intellectual and collegial support all the way to retirement.

Under inspiration from my colleagues, I formally integrated the Strengths Perspective into frameworks for spiritually sensitive practice (e.g. Canda & Furman, 1999; Canda, Furman, & Canda, 2020) and for critical study and comparison of human behavior theories (e.g. Robbins, Chatterjee, & Canda, 1998; Robbins, Chatterjee, Canda, & Leibowitz, 2019). I was supported to apply these frameworks in teaching courses on spiritual diversity in social work practice and human behavior theory throughout my 30 years at KU.

I would like to share an example of how KU colleagues encouraged and mentored me in the Strengths Perspective. Dennis Saleebey invited me to contribute chapters to multiple editions of his widely influential book on the Strengths Perspective. These contributions were based on my qualitative research studies of the way people with a chronic illness, cystic fibrosis (CF), utilized spiritual strengths and resources to foster resilience, sense of meaning and purpose, and personal growth in the process of dealing with ongoing adversity and confrontations with mortality. Dennis felt that this was a powerful example of strengths and he wanted me to share my findings more widely, not only based on formal research but also based on my personal experience as a person who has CF. The 2002 chapter was a breakthrough for me in that it challenged me to move more publicly and proactively into a stance of advocacy around disability issues and rights.

As I wrote (Canda, 2002a, p. 76), “One of the tenets of strengths-oriented empowerment research is that researchers should conduct studies that let people speak for themselves... I included myself in this study...this chapter is not about *they*. And also it is not about *me*. It is really about *we*. The doing of this study has been one of the most powerfully transforming (and often befuddling) research projects of my career. This is because my own quandaries, challenges, insights, and stories about having CF have been inwardly recalled, questioned, stretched, and inspired as I talked with participants, analyzed their transcripts, and tried to find a realistic way of presenting them.”

In 2008, Dennis sat down with me for a personal conversation about his plan for the next edition. Although I had included some personal revelations in previous chapters, I kept my own experience toward the background. He encouraged and challenged me to put my own experience directly into the foreground for the next edition. The chapters for the 2009 and 2013 editions extensively used self-reflection, personal narrative, and purposeful self-disclosure joined with the voices of others. In this way, Dennis promoted my own journey of personal strengths consciousness-raising and encouraged me to extend academic and public service activities related to strengths and empowerment for people with disabilities and for holistic approaches to health and well-being.

In the next section, I will summarize major insights on growth and transformation gleaned from four topics of my work: spiritually sensitive practice; cross-cultural and international collaborations; mental health recovery; and chronic illness and health resilience.

## **MAJOR INSIGHTS ON GROWTH AND TRANSFORMATION**

### **Spiritually Sensitive Social Work**

Spirituality is crucial to consider in promoting people's full developmental potential, including ways of growing and transforming through adversity. Spirituality, by whatever names people call it, and whether named or not, is as a process of human life and development with three main qualities (Canda, Furman, & Canda, 2020). It focuses on the search for a sense of meaning, purpose, morality, and well-being in relationship with oneself, other people, other beings, the universe, and ultimate reality however understood. It orients us around centrally significant priorities that guide our ideals and goals for living. It engages a sense of transcendence experienced in life events and life itself as being deeply profound, sacred, or transpersonal. Spirituality can be expressed in religious and nonreligious forms. It can manifest in healthy and harmful ways.

Spiritually sensitive social work supports practitioners, clients and their communities, and educators and students as we:

- Seek a sense of meaning, purpose, and connectedness,
- Strive toward our highest aspirations,
- Maximize our developmental potential,
- Flourish through strengths and resources, with special attention to those related to spirituality,
- Work to overcome personal obstacles and environmental blocks, especially those related to spirituality,
- And work to actualize well-being and justice for all people and all beings.

I and colleagues developed a detailed framework of knowledge, wisdom, values, practices, and policy principles for spiritually sensitive social work that honors diverse religious and nonreligious forms of spirituality (Canda & Furman, 1999 & 2010; Canda, Furman, and Canda, 2020). This framework is infused in the following areas of my work.

### **Cross-Cultural and International Collaborations**

My work with Southeast Asian refugee resettlement through most of the 1980s and ensuing cross-cultural and international dialogue and collaborations throughout my career gave me two tremendous lessons: people are capable of amazing growth through adversity and this requires social conditions that support and nurture that potential.

I was inspired by the ability of many refugees who entered the United States from Vietnam, Laos, and Cambodia to collectively reformulate mutual support systems, such as Buddhist temples and mutual assistance associations, and to individually cope and grow in a drastically new and different living situation (Canda & Phaobtong, 1992; Cheung & Canda, 1994). This was especially remarkable given their experience of trauma, war, genocide, and hazardous escape from their homelands, plus prolonged and uncertain stays in refugee camps, plus adjusting to life in the United States under difficult conditions. They encountered both positive advocacy and support by many sponsoring organizations, families, and communities on one side and, on the other side, forces of discrimination and linguistic, cultural, and religious intolerance.

The positive growth potential of individuals, families, and communities was greatly affected by the extent to which human service organizations were dedicated to support and collaborate with refugees in a culturally appropriate and humble manner (Canda, Furman, & Canda, 2020). When this worked well, local, state, national and international systems and social policies were aligned and well-integrated with each other and with ethnic community support systems and leadership. This included religiously-based resettlement agencies, secular governmental and non-governmental agencies, and federal and United Nations immigration/refugee policies and systems.

On a more personal level, my life has been woven through intimate connections across cultures, most especially with my Bohemian American natal family/ancestry roots and with my Korean wife Hwi-Ja, and my Korean relatives, mentors, friends, and students. My perspective as a social work scholar and my appreciation for the strengths and joys of transcultural connections have been deeply shaped by my mentor in Korean philosophy, Professor Emeritus Yi Dong-Jun of Sungkyunkwan University in Seoul, and my mentor in transcultural social work, Professor Emeritus Daniel Booduck Lee of Loyola University of Chicago. My studies, consultations, and collaborations in many countries and varied cultural and religious settings expanded my consciousness to realize that local/global human/nature positive synergy is crucial to the well-being of everyone and everything (Besthorn & Canda, 2002;

Canda, 2002b). Without local and global conditions of peace and justice, we can scarcely have the opportunities and structural conditions to support full human development. Indeed, without that, the very survival of human beings and many other beings are in jeopardy.

So I offer a statement of Principles for Inclusive Compassion and Justice (Canda, Furman, & Canda, 2020, p. 522) which perhaps is the Strengths Perspective writ large. These principles are inspired by the Capabilities Theory of Sen and Nussbaum (Banerjee & Canda, 2014), efforts for interfaith and interreligious collaborations, and United Nations' statements on human rights, Indigenous Peoples, and sustainable development. They derive from a commitment to support full human development, to prioritize the needs and goals of the vulnerable, to honor global/ecological connectedness, and to respect spiritual diversity in religious and nonreligious forms (Canda, Furman, & Canda, 2020, pp. 382-383). These principles call us to:

*Promote of Respect and Caring for*

- *The dignity, worth, and rights of each person*, rather than egoistic individualism.
- *The dignity, worth, and rights of families*, rather than nepotistic familism.
- *The integrity of ethnic, cultural and religious communities*, rather than ethnocentrism, racism, and religious exclusivism.
- *The solidarity and sovereignty of Indigenous nations and nation-states*, rather than colonialism, imperialism, genocide, chauvinistic nationalism, and totalitarianism.
- *The earth, its ecosystems, the worldwide community of human beings, and all beings*, rather than world region bias, global north privilege, human-centric, destruction of nature, and environmental racism.
- *Everywhere humans traverse and all beings*, rather than human centrism projected beyond the earth and the pollution and weaponization of space and other planets.

### **Mental Health Recovery**

For many years I worked with research and training projects related to the Strengths Model of Case Management and Mental Health Recovery at KU. Guidelines for strengths assessment include the domain of spirituality/culture along with six other life domains encompassing daily living, financial assets, employment and education, supportive relationships, health and wellness, and leisure and recreation (Rapp & Goscha, 2012).

Collaborations with Rapp and Goscha, other staff, doctoral researchers, and mental health service clients and practitioners led to the development of guidelines for spiritual strengths assessment (e.g. Eichler, Deegan, Canda, & Wells, 2006; Gomi, Starnino, & Canda, 2014; Starnino, Gomi, & Canda, 2012). We found that many peo-

ple viewed religion and spirituality as important for their recovery. Yet even many strengths-based practitioners neglected spirituality in assessment and action plans, often because they felt unprepared or they were cautious that discussion of spirituality could complicate recovery, especially if clients experienced religiously-based hallucinations or delusions. So we set out to develop guidelines for practitioners. We developed a freely available pamphlet that concisely and practically describes assessment principles, suggested questions, and an inclusive view of spirituality (Gomi, Starnino, Canda, Goscha, & Eichler, 2013). The spiritual strengths assessment reflects several Strengths Perspective principles in a specific application:

- Clients take the lead in defining and naming whatever they view as relevant to how they connect with sources of life meaning, purpose, and hope and with whatever is of greatest importance to them.
- Practitioners' role is to seek understanding, not to impose beliefs, judgments, or terminology.
- Practitioners focus on function, actions, and results of people's engagement with spirituality if and as related to their recovery goals.
- Both positive and difficult experiences with religion and spirituality may be addressed in so far as they are relevant to the person's recovery goals.
- Dialogue begins with an open-ended exploration of possible relevance, comfort, and interest of clients and discontinues or continues based on the person's lead.
- If spirituality proves to be of interest and relevance, further dialogue identifies specific practical actions involving spirituality to achieve recovery goals and what role if any the practitioner might have to facilitate them.

In spiritual strengths assessment related to mental health or any other field of practice, it is usually best to flexibly use open-ended questions that invite interest but do not pressure or steer the conversation in a biased or presumptuous way (Canda, Furman, & Canda, 2020). Wording needs to be adapted to the comfort, style, interests, and beliefs of the clients. Here are some examples:

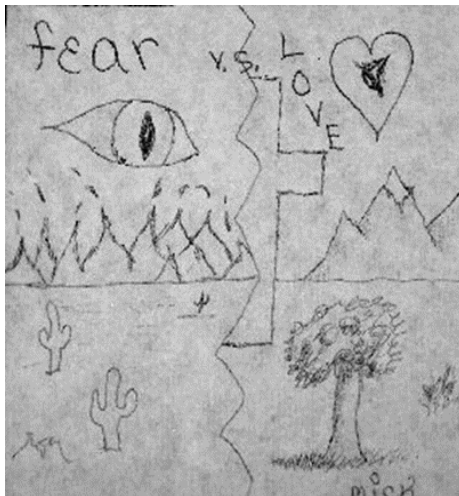
- When you think about your [choose an appropriate word to match the client's situation and comfort level: such as "current situation, goals, difficulty, challenge, diagnosis, illness"]...
- What helps you to find a sense of peace, harmony, happiness, or comfort?
- What are the most important things you want to accomplish?
- What has been a source of hope, wisdom, or coping in the past that you could apply to this situation?
- What connections with people, nature, or spiritual beings or energies are most valuable to you?

- If you have any important beliefs, rituals, or practices of meditation or prayer, please describe how they relate to your situation? How might they be helpful or not helpful?

You can follow up with explorations, such as “please tell me more about that” or “please give an example” or “please tell me a story about that”. Then in order to move toward an action plan, the following questions could be useful:

- You described [whatever you noticed as the main message of the client] as being valuable or helpful to you. Would you like to talk more about how this might be important to your present situation and your goals?
- You mentioned ways that you have had difficulties or struggles with [whatever you noticed as main message of the client]? Would you like to talk more about how this might be important to your present situation and your goals?
- Please describe how you can use [any religious/spiritual or other support or resource identified] to help you deal with your situation in the best way?
- You identified that [whatever is the main goal] is something you want to accomplish. What could be done to help accomplish that?
- Would you like to take this action on your own or would you like me or someone else to help you to do this?
- Let’s plan the next activity to help make this happen.

The significance of spirituality for some people’s recovery journey was well presented in the artwork and words of consumers exhibited publically at a conference we organized in 2004 (Gomi & Canda, 2014).



**Figure 1:** Journey from Fear to Love



For example, Mick Swank presented a drawing that illustrated his journey from fear-based spirituality to love. (See Figure 1.) The left side of the picture is labeled 'fear' and has a large staring eyeball in the sky above exploding volcanos and a dry desert terrain. The right side shows a Christian cross emerging from the central divide. The sky is filled with the word love and a heart and these are above a peaceful scene of mountains and verdant vegetation.

Connie English drew a picture of hands held together in prayer formation. (See Figure 2.) These hands are entwined by a rosary and each bead is made of a medicine capsule. The artist explained: "There should be faithfulness of taking medicine and prayer. Prayer is the best medicine. Without taking my medicine I would be spiritually bankrupt. I need to pray continually." She had created a complementarity and synergy between prayer and conventional medicine.



**Figure 2:** Prayer is the Best Medicine

As Jeffrey Holland wrote for this exhibit, "Spirituality has given me a sense of direction. Even in the dark intensity of despair and confusion, it offers a focal point of hope. It offers a sense of purpose to the understandings and mysteries of life. A sense of belonging and being part of the whole instead of a fragmented and isolated part thereof. Life can often be filled with misery and hurt, but there can also be beauty and joy. Most of all there is hope. Hope that can power the motivation and yearning of a lost soul. A hope strong enough to break the barriers and help to overcome the limitations of mental illness. A hope not bound by physical laws, but omniscient, eternal, and infinite."

### **Chronic Illness and Spirituality**

My life and career have been profoundly affected by living with a serious life-threatening chronic illness, cystic fibrosis (CF). CF is a genetically-based condition that typically results in damage to the lungs, pancreas, and other bodily systems. It is

treatable but not curable. People with CF, including me, commonly need to engage in daily extensive use of antibiotics, digestive enzymes, respiratory clearance therapies, and other treatments and hospitalizations as needed. Currently, there are more than 30,000 people in the US with CF and more than 70,000 people worldwide. The average life span is now about 37 years, though this is likely to increase soon due to very recent treatment breakthroughs. I explain this to make clear that CF is a significant challenge to quality and quantity of life, and yet, some people with CF grow and thrive even while the physical symptoms of illness increase.

For example, Dylan Mortimer, a pastor and artist in Kansas City, Missouri, has utilized his experience with CF as an inspiration (Dell, 2018). Some of his artworks are large depictions of lungs in bright colors and covered with sequins. As he said, "Creating artwork has been my push back against being given a deadly diagnosis at birth. It is a search for healing in the seemingly incurable, for hope in seeming hopelessness. I draw inspiration from God, my [lung transplant] donor, friends and family, doctors, caretakers, scientists, and all who have helped keep me alive."

I would expand this to suggest that we can both make art about life challenges and also we can make life itself an art project, through the existential artistry of creative, growth-oriented living. My friend and essayist, Lisa McDonough (2002) wrote that it is healing to realize that our bodies are ongoing stories expressing the timeline of the soul. But owning or finding our story is made difficult when CF is perceived only as a tragedy, rather than as an opportunity or a process of discovery.

The experiences dealing with CF of myself and my brother Tom led me to wonder how others drew on their systems of meaning and spirituality. My first formal study was a survey of all 402 patients (or their guardians) at a major CF treatment center in order to identify the types of nonmedical therapies they were using (Stern, Canda, & Doershuk, 1992). Sixty-six percent of participants reported using at least one type of nonmedical therapy and of these, more than two-thirds related to spiritual practices and beliefs, such as individual prayer, group prayer, faith healing, and meditation. Most reported experiencing some benefits, including relief of symptoms and related distress, increased emotional comfort, and enhancement of overall well-being. I followed up through detailed interviews with 16 adult participants in the survey who had reported that spirituality was important to them, including myself (Canda, 2001, 2002a, 2009; 2013).

To sum up, participants described that CF had many adverse impacts and also provided an opportunity for insight and growth. Adverse impacts included physical symptoms as already explained, emotional distress and troubling thoughts, and impediments to social relationships and work performance. Yet most said that their experience with suffering and working it through heightened their sense of empathy and motivation to care for others. In the spiritual domain, most reported life-enhancing impacts. These included gaining insight into the meaning of life, drawing closer to God or nature and deepening their spiritual practices, believing that they

were guided by God to inspire others, and using the health challenges as a stimulus for overall personal and spiritual growth. Many reported that prayer helped reduce physical symptoms and discomfort. Many kinds of religious activities, including involvement with congregations, promoted a positive outlook on life and reduced confusing and painful thoughts and feelings. Some reported miraculous or extraordinary events, such as unexpected physical improvements, sensing the presence of God or angels, and gaining insights through dreams, visions, and apparitions. Even as physical health decreases and death approaches, it is possible that spiritual growth and overall well-being increases.

For example, in my case, as soon as I learned that my brother Tom had died (in 1991), I traveled to my parents' home for the funeral (Canda, 2001). While I was asleep the first night, I felt someone tap my leg which woke me up. I saw and felt the presence of my brother hovering above the bed. This conveyed a sense of affirmation and support of our connection and that my brother was ok. Then I fell back to sleep. That was an amazing comfort to me. Tom and I had had many conversations about philosophy and spirituality. Many years before we promised that whoever died first would come back to give a sign. And indeed that's what happened to me.

Another interview participant, Joan, said that a dream of Jesus' loving and supporting presence during a frightening period of waiting for a lung transplant yielded a lasting sense of God's support and an angelic presence that comforted her throughout her lung transplant surgery. She said that she and her husband could feel a supernatural strength all the way through the transplant. Fear disappeared. She felt it was alright even if she died during surgery since she was confident in connection with God.

I don't share these stories in order to convince anyone of any particular religious or spiritual beliefs. I recount them to alert social workers that such experiences can be vivid and powerfully significant sources of solace and insight for clients—and they should not be discounted or ignored.

## CONCLUDING REFLECTIONS

### Transilience

My sojourn with the Strengths Perspective suggests that we need to be careful not to be limited by conventional ideas about functionality, health, normality, coping, and even resilience (Canda, 2013, 2019). There can be a transformative growth-oriented way of life beyond all of that, broken free from that. Such a way of life goes beyond *coping* as avoiding or managing life stressors. It includes but goes beyond *resilience* if that means adapting to significant adversity with positive developmental outcomes. Resilience literally means to 'leap back' to a pre-adversity condition, hopefully with enhanced insight and functioning. Transformative living is not equivalent to a *positive quality of life* as measured by such things as the ability to conduct daily activities since people can experience serious illnesses, impediments, and impairments, including dying, while also growing in insight and sense of life fulfillment.

Even the terminology of *strengths* can be misconstrued to overlook that weaknesses, vulnerability, losses, fragility, and pits of despair can be strengths if transformed through insight and wisdom.

So I recommend the term *transilience* to mean a developmental leap of transcendence. Transilience (Canda, 2013, p. 94) is "...a whole person process of moving forward, backward, upward, downward, sideways, or back-around in a life committed to well-being and well-becoming. Transilience is not restricted to a linear idea of moving forward or backward on a line of health or quality of life indicators. It is not just a matter of reacting to problems or pathologies... [or] building on strengths and resources... It is a life of transformation not restricted to social conventional ideas about health, illness, fitness, strength, goodness, ability, or disability." Transilience describes a way of life in which "...a person addresses all of living and dying, including joys and adversities, within a spiritual path of growth and transformation." The concept of post-traumatic growth seems congruent with transilience, though a transilient way of life need not be arrived at via trauma.

My intention is to highlight transilience as an option for living, not as a judgmental expectation. Just surviving is a prerequisite. And just surviving can be a victory of extraordinary strength under conditions of violence, severe illness, disaster, war, oppression, and genocide. Coping can be the most appropriate and realistic way of responding in trying times. Resilient response to adversity is a creative and courageous endeavor. There should be no imposed judgments or expectations about whether or when people should move into coping, resilience, or transilience or what those should look like.

But for those of us who wish to move into a way of life-based on transformation and thriving and to exert defiance of assumptions of professional helpers and social norms that limit the fullest possibilities of human potential, we need strengths-oriented social workers as allies.

### **Mindfulness as a Core Strength**

I would like to suggest mindfulness as a core strength that can be cultivated as a support for surviving, coping, resilience, and developing a sense of life flourishing and transilience. This is not a selfish pursuit, but rather a process of joining personal and world well-being in the context of the dynamic interdependency all beings (Canda, Furman, & Canda 2020).

Mindfulness, in therapeutic forms adapted from Buddhist roots, has come to be widely established in social work and related health and mental health fields as a valuable practice that can help reduce self-harming thoughts and behaviors; reduce symptoms of anxiety, depression, and stress; and promote overall well-being (Canda, Furman, & Canda, 2020; Canda & Gomi, 2019; Canda & Warren, 2013). Mindfulness involves clear, nonjudgmental awareness in the present moment. It creates awareness of a calm space of mind in-between an immediate experience and one's

reaction to it, thus allowing for clarity of experience and choice for how to respond in the most appropriate manner benefiting self and others. Thus mindfulness can be a powerful strength to apply to all of one's experiences and especially those that are painful, challenging, discouraging, and triggering of harmful habits. It allows us to create choice points for how to respond to adversity, as well as the joys and dol-drums of everyday life so that we can maximize the potential for wisdom and growth.

However, for social workers who advocate for mindfulness, we need to be cautious to do so in a way that does not distort and violate Buddhist cultural values and purposes, including those that prioritize compassion and spiritual growth beyond egocentrism. We need to be clear and forthcoming about how therapeutic versions of mindfulness may be similar or different from Buddhist mindfulness. Further, mindfulness should not be used as a panacea to calm or divert people's awareness and resistance against discrimination, oppression, and deprivation of resources (Forbes, 2019; Purser, 2019).

The choice points opened and clarified by mindfulness can be pivots for activism. After all, if social policies and programs and human service organizations restrict and problematize refugee resettlement, or fail to provide affordable and accessible mental health services for all, or prevent universal access to medical services for people with illnesses, then people's strengths need to be mobilized in individual and collective action to change these crushing conditions.

### **Perennial Wisdom**

What I am suggesting is nothing new. In retrospect, it seems that my entire academic career has come to a concluding point that recognizes the importance of ancient and enduring wisdom traditions that have called people to a profound way of living. I have only been appreciating and re-presenting perennial insights for a contemporary social work context.

For example, in the Christian tradition, the Gospel accounts of Jesus' passion, death, and resurrection call people to live in a way that transforms and transcends suffering. Jesus enjoined people to take up their cross and follow him (Matthew 10:38 and 16:24; Mark 8:34; Luke 9:23 and 14:27). This is a way of life grounded in the virtue of nonegoistic love (*caritas*, Latin; *agape*, Greek). Laozi, the founder of Daoism in around 6<sup>th</sup> century BCE, pointed out that physical misfortune is inherent in the human condition of having a body (trans. Feng & English, 1972). But by surrendering oneself humbly and harmoniously to this situation and by loving the world as one's own self, one can become trusted to care for all things. Kong Fuzi (Confucius, ca. 551-479 BCE) emphasized that life should be approached as an opportunity for continuous learning in which we cultivate and express our inner nature of benevolence for the benefit of family and world (Canda, 2002c). Siddhartha Gautama, the Buddha (ca. 480-400 BCE), taught people to seek liberation from egoistic inappropriate desires and aversions through a lifestyle of continuous effort cultivating wisdom, morality, and meditation.

In recent and contemporary human behavior theories (Canda, Furman, & Canda, 2020; Robbins, Chatterjee, Canda, & Leibowitz, 2019), Erik Erikson advocated for people to orient their lives to authenticity, integrity, and meaning-making. Maslow encouraged people to actualize their fullest potential, working through the pits, peaks and ordinary times of life, in order to transcend egoism and to promote a mutual benefit for all. Stan and Christina Grof promote an appreciation for the holotropic mode of consciousness which involves opening to transpersonal, sacred, and synchronistic experiences that orient people in growth toward personal and cosmic wholeness. Theorists of positive aging, dying, and gerotranscendence point out that some people address the experience of aging, mortality, and dying as opportunities for growth of wisdom and for leaving behind a legacy of lessons and benefits for others. As Nelson-Becker (2018, p. 319) put it, “Dying well is about living fully and consciously in whatever way one chooses until the moment of death.”

In conclusion, here are the main lessons learned through my sojourn with the Strengths Perspective:

- Daily life is an opportunity for continuous learning and growth, through the steady times and the ups and downs.
- Significant life challenges, disruptions, and breakdowns can be special opportunities for breakthroughs.
- Fulfilling this potential requires persevering commitment as well as a nurturing network of supports and resources.
- Mindfulness can be a core strength for a resilient, growth-oriented way of life.
- The Strengths Perspective at its fullest is a vision and a dedication to promote peace, well-being, and justice for all people and all beings.

This vantage on life is reflected in the symbolism of the lotus in Buddhist and Hindu philosophies. The lotus grows out of mud and murky water that provides nutrients, just as human existence offers the opportunity for growth in wisdom and compassion through an authentic encounter with mortality, suffering, and injustice. The plant’s pad floats serenely on the water’s surface. The leaves and flower stems rise toward the light. Meditation, mindfulness, and morally attuned lifestyle support the realization of wisdom in daily life. Beautiful flowers bud and open and seed pods mature, as the fruit of persevering spiritual practice. This growth potential requires nurturance by water, earth, and sky, just as transience may flourish with social and ecological supports. The plants yield beauty as well as many edible parts for the aesthetic and physical nourishment of others, just as the fruits of each person’s growth can be for the mutual benefit of self and others. Strengths-oriented social work can serve as a wonderful support for this way of living.

## REFERENCES

- Banerjee, M. M., & Canda, E. R. (2014). Comparing Rawlsian justice and the capabilities approach to justice from a spiritually sensitive social work perspective. In Michael Sheridan (Ed.), *Connecting spirituality and social justice: Conceptualizations and applications in macro social work practice*. New York, NY: Routledge.
- Besthorn, F., & Canda, E. R. (2002). Revisioning environment: Deep ecology for education and teaching in social work. *Journal of Teaching in Social Work, 22*(1/2), 79-101.
- Canda, E. R. (1983). General implications of shamanism for clinical social work. *International Social Work, 26*(4), 14-22.
- Canda, E. R. (1988a). Therapeutic transformation in ritual, therapy, and human development. *Journal of Religion and Health, 27*(3), 205-220.
- Canda, E. R. (1988b). Conceptualizing spirituality for social work: Insights from diverse perspectives. *Social Thought, 14*(1), 30-46.
- Canda, E. R. (1988c). Spirituality, religious diversity, and social work practice. *Social Casework, 69*(4), 238-247.
- Canda, E. R. (2001). Transcending through disability and death: Transpersonal themes in living with cystic fibrosis. *Social Thought, 20*(1/2), 109-134.
- Canda, E. R. (2002a). The significance of spirituality for resilient response to chronic illness: A qualitative study of adults with cystic fibrosis. In Dennis Saleebey (Ed.), *The strengths perspective in social work practice, third edition* (pp. 63-79). New York: Longman.
- Canda, E. R. (2002b). A world wide view on spirituality and social work: Reflections from the USA experience and suggestions for internationalization. *Currents: New Scholarship for the Human Services, 1*(1), 11 pages. (electronic journal: [https://www.ucalgary.ca/currents/files/currents/v1n1\\_canda1.pdf](https://www.ucalgary.ca/currents/files/currents/v1n1_canda1.pdf))
- Canda, E. R. (2002c). Wisdom from the Confucian classics for spiritually sensitive social welfare. *Currents: New Scholarship for the Human Services, 1*(1), 31 pages. (electronic journal, [https://www.ucalgary.ca/currents/files/currents/v1n1\\_canda2.pdf](https://www.ucalgary.ca/currents/files/currents/v1n1_canda2.pdf))
- Canda, E. R. (2009). Chronic illness and transilience along my spiritual path. In D. Saleebey (Ed.), *The strengths perspective in social work practice, fifth edition*, (pp. 72-92). Boston: Pearson/Allyn & Bacon.
- Canda, E. R. (2013). Chronic illness and spiritual transformation. In D. Saleebey (Ed.), *The strengths perspective in social work practice, sixth edition* (pp. 79-96). Boston: Pearson.
- Canda, E. R. (2019). *Growth and transformation through crisis, illness, and disability*. Lecture Series on A Foundation of Strengths in recognition of 30<sup>th</sup> anniversary of the strengths perspective at KU, The University of Kansas School of Social Welfare, Lawrence, KS. Video from November 14, 2019 available at: <https://www.youtube.com/watch?v=S-Tj0b3eu00>.
- Canda, E. R. & Furman, L. E. (1999). *Spiritual diversity in social work practice: The heart of helping*. New York, NY: Free Press.

- Canda, E. R., Furman, L. D., & Canda, H. (2020). *Spiritual diversity in social work practice: The heart of helping, third edition*. New York: Oxford University Press.
- Canda, E. R. & Gomi, S. (2019). Zen philosophy of spiritual development: Insights about human development and spiritual diversity for social work education. *Journal of Religion & Spirituality in Social Work: Social Thought*, 38(1), 43-67.
- Canda, E. R., & Phaobtong, T. (1992). Buddhism as a support system for Southeast Asian Refugees. *Social Work*, 37(1), 61-67.
- Canda, E. R., & Warren, S. (2013). Mindfulness. In C. Franklin et al. (Eds.), *Encyclopedia of social work* (e-reference edition). NY: Oxford University Press. Retrieved from <http://socialwork.oxfordre.com/>
- Cheung, K. F. M., & Canda, E. R. (1994). Social work educational innovations in a refugee training project. *International Social Work*, 37, 137-147.
- Dell, B. (2018). Artist Creates Sculptures That Reflect the CF and Lung Transplant Experiences. *Cystic Fibrosis News Today*, Retrieved February 10, 2020 from <https://cysticfibrosisnewstoday.com/2018/02/22/artist-creates-sculptures-reflect-cf-lung-transplant-experiences/>.
- Eichler, M., Deegan, G., Canda, E. R., & Wells, S. (2006). Using the strengths assessment to mobilize spiritual resources. In Karen B. Helmeke & Catherine Ford Sori (Eds.), *The therapist's notebook for integrating spirituality in counseling: Homework, handouts, and activities for use in psychotherapy* (pp. 69-76). New York: The Haworth Press.
- Feng, G. & English, J. (Trans.). (1972). *Lao Tsu: Tao Te Ching*. New York: Vintage Books.
- Forbes, D. (2019). *Mindfulness and its discontents*. Winnipeg, Manitoba: Fernwood Publishing
- Gomi, S. & Canda, E. R. (2014). Teaching resource on spirituality and mental health recovery: Insights from the art and words of consumers of mental health services. *Council on Social Work Education's Religion and Spirituality Clearinghouse*. Published online April 9, 2014. Available at <https://www.cswe.org/getattachment/Centers-Initiatives/Curriculum-Resources/Religion-and-Spirituality-Clearinghouse/Religion-and-Spirituality-Educational-Resources/Module-TeachingResourceonSpirituality-MentalHealthRecovery-InsightsFromtheArt-WordsofConsumersofMentalHealthServices.pdf.aspx>.
- Gomi, S., Starnino, V. R., & Canda, E. R. (2014). Spiritual assessment in mental health recovery. *Community Mental Health Journal*, 50(4), 447-453.
- Gomi, S., Starnino, V., Canda, E. R., Goscha, R., & Eichler, M. (2013). *Assessing spirituality within the strengths model of mental health recovery*. Resource developed by The Spiritual Diversity and Social Work Initiative & The Center for Mental Health Research and Innovation, The University of Kansas School of Social Welfare. Available at [https://spiritualdiversity.ku.edu/sites/spiritualdiversity.ku.edu/files/docs/Mental\\_Health/spiritual%20strengths%20assessment%20for%20mental%20health%20recovery%20brochure.pdf](https://spiritualdiversity.ku.edu/sites/spiritualdiversity.ku.edu/files/docs/Mental_Health/spiritual%20strengths%20assessment%20for%20mental%20health%20recovery%20brochure.pdf).
- Imbrogno, S., & Canda, E. R. (1988). Social work as an holistic system of activity. *Social Thought*, 14(1), 16-29.
- McDonough, L. M. (2002). *Lisa, the brief life of a writer*. Xlibris.



- Nelson-Becker, H. (2018). *Spirituality, religion, and aging: Illuminations for therapeutic practice*. Thousand Oaks, CA: Sage.
- Purser, R. E. (2019). *McMindfulness: how mindfulness became the new capitalist spirituality*. London: Repeater Books.
- Rapp, C. A. & Goscha, R. J. (2012). *The strengths model: A recovery-oriented approach to mental health services*. NY: Oxford University Press.
- Robbins, S. P., Chatterjee, P., & Canda, E. R. (1998). *Contemporary human behavior theory: A critical perspective for social work*. Needham Heights, MA: Allyn & Bacon.
- Robbins, S. P., Chatterjee, P., Canda, E. R., & Leibowitz, G. S. (2019). *Contemporary human behavior theory: A critical perspective for social work, fourth edition*. New York: Pearson.
- Saleebey, D. (2000). Power in the people: Strengths and hope. *Advances*, 1(2), 127-136.
- Saleebey, D. (Ed.). (2013). *The strengths perspective in social work practice, sixth edition*. Boston: Pearson.
- Starnino, V. R., Gomi, S., & Canda, E. R. (2012). Spiritual strengths assessment in mental health practice. *British Journal of Social Work*, 1-19.
- Stern, R., Canda, E. R., & Doershuk, C. (1992). Use of non-medical treatment by cystic fibrosis patients. *Journal of Adolescent Health*, 13, 612-615.
- Weick, A., Rapp, C., Sullivan, W., & Kisthardt, W. (1989). A Strengths Perspective for Social Work Practice. *Social Work*, 34(4), 350-354.