

A Strengths Perspective for Social Work Practice

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Dichotomies pervade human life. In trying to cope with complex realities, human societies have created stark divisions between the good and the bad, the safe and the unsafe, the friend and the enemy. It is a curious fact that greater attention invariably is paid to the negative poles of the dichotomy: to the bad, the unsafe, the enemy. This pull toward the negative aspects of life has given a peculiar shape to human endeavors and has, in the case of social work and other helping professions, created a profound tilt toward the pathological. Because of the subtle ways in which this bias is expressed, its contours and consequences must be examined to set the stage for a different perspective. The strengths perspective is an alternative to a preoccupation with negative aspects of peoples and society and a more apt expression of some of the deepest values of social work.

TRACING THE ROOTS

Social work is not unique in its focus on the pathological. Throughout history, cultures have been preoccupied with naming and conquering outsiders and waging battles against the enemy in people's souls. Judeo-Christian heritage has given rise to a clear sense of human frailty through its concept of sin and has used that concept to limit or punish those thought to transgress moral norms.

Social work's origins are in the concept of moral deficiency. The Age of Enlightenment created the philosophical backdrop against which to consider in a new way the

plight of the less fortunate; but, given the economic environment in the late 1800s and the religious convictions of those in the Charity Organization Society, the strategy was one of moral conversion. Poverty was attributed to drunkenness, intemperance, ignorance, and lack of moral will (Axinn & Levin, 1975, pp. 89-94). Change was to come about not through provision of monetary assistance but through persuasion and friendly influence. The emphasis on human failing as the cause of difficulties established a conceptual thread whose strands are found in practice today.

The focus on moral frailty went through an evolution that both softened and disguised its presence. Soon after the turn of the century, social workers began calling for a more professional approach to the work of helping people (Lerby, 1978, p. 181). The adoption of the empirical method used in the natural sciences was the stimulus for the social sciences and for the emerging professions to define themselves not as crafts or philanthropic efforts but as organized, disciplined sciences (Lerby, 1978, p. 348). Mary Richmond was one of the earliest proponents of using a logical, evidence based method for helping (Goldstein, 1943, p. 29). Through her and others' efforts, increasing attention was paid to defining the problems in people's lives so that a rational, rather than a moralistic, strategy of intervention could be pursued.

The development of this formulation of professional practice was intersected in the 1930s by increasing interest in psychoanalytic theory as the theoretical structure for defining individuals' problems (Smalley, 1967, pp. ix-x). But the cost of this affiliation with psychoanalytic theory and its derivatives was an ever more sophisticated connection with human weakness as the critical variable in understanding human problems.

These weaknesses became reified with the language of pathology. A complicated clinical nomenclature grew up as a descriptive edifice for these new psychological insights. The art of clinical diagnosis was born-an art far more complicated than Richmond's logical steps to assessment. In keeping with the scientific belief that a cause must be found before a result could be achieved, attention was paid to all individual behaviors that signified a diagnostic category. Once a diagnosis was established, treatment could proceed. In this process, every category of clinical diagnosis focuses on a human lack or weakness, ranging from the relatively benign to the severe.

CURRENT DIRECTIONS

The profession has not been oblivious to the importance of recognizing individual strengths in practice encounters. Indeed, in 1958, the Commission on Social Work Practice included as a main objective of the field to "seek out, identify, and strengthen the maximum potential in individuals, groups and communities" (Bartlett, 1958, p. 6). Current writers, such as Hepworth and Larsen (1986), Shulman (1979), and Germain and Gitterman (1980), have given attention to the danger of focusing narrowly on individual pathology while ignoring strengths.

However, a subtle and elusive focus on individual or environmental deficits and personal or social problems remains in recent frameworks. The “ecological perspective” of social work practice, a model developed by Germain and Gitterman (1980), illustrates this point.

Germain and Gitterman (1980) built on the social work tradition of focusing on the interface between person and environment, introduced ecological concepts such as adaptation, and suggested that attention should be focused on the transactions that occur between people and their environments. They contended that it is in these complex transactions between a person and the environment that “upsets in the usual adaptive balance or goodness-of-fit often emerge” (Germain & Gitterman, p. 7). These “upsets,” from their point of view, often are the result of “the stress generated by discrepancies between needs and capacities on one hand and the environmental qualities on the other” (Germain & Gitterman, p. 7). In short, it is either the characteristics of the individual or of the environment that create a problem. Emphasis thus rests on the ability to assess adequately the nature of the problem. Although Germain and Gitterman acknowledged the importance of “engaging positive forces in the person and the environment,” the goal is to reduce “negative transactional features” (Germain & Gitterman, p.19). In a subtle way, negative aspects still dominate this view.

A focus on the adequate assessment and diagnosis of the “problem” has deep roots in the profession and remains a central tenet of modern practice texts. For example, Compton and Galaway (1984) saw the focus of social work as “using a problem-solving focus to resolve problems in the person-situation interaction ... “ (p. 12). Hepworth and Larsen (1986), who devoted an admirable amount of attention to the identification and use of strengths, also considered the problem-solving process as essential to social work practice and promoted the importance of “assessing human problems and locating and developing or utilizing appropriate resources systems” (p. 23).

Problem-solving models are closely tied to the notion of intervention. As Compton and Galaway (1984) described it, “Intervention refers to deliberate, planned actions undertaken by the client and the worker to resolve a problem” (p. 11). Although writers such as Shulman (1979) sense the need to identify the strengths of both the individual and the environment, the focus of intervention is on the “blocks in the individual-social engagement” (p. 9). Read closely, these views all suggest that accurate diagnosis or assessment of a problem leads naturally to the selection of particular “interventions” that, it is to be hoped, disrupt the natural course of individual or social difficulty. The difficulty or problem is seen as the linchpin for assessment and action.

THE PROBLEM WITH PROBLEM FOCUS

Attention to people’s inability to cope is a central expression of the prevailing perspectives on helping. Approaches differ in the way the problem is defined, but

virtually all schools of therapeutic thought rest on the belief that people need help because they have a problem that in some way sets them apart from others who are thought not to have that problem. The terminology, "having a problem," suggests that problems belong to or inhere in people and, in some way, express an important fact about who they are. The existence of the problem provides the *raison d'être* for the existence of professional helpers. In an extreme form, it creates a view of professional helping that has a hidden logic and questionable results.

Concern about establishing the precise cause of a problem ensnares social workers in a strategy for dealing with the problem in those terms. If it is determined that a person's difficulties are linked to family dynamics in early childhood, then the approach "teaches" the person this view of the problem and justifies the attention on understanding these formative relationships. If the cause of family problems is thought to be patterns of communication, then the approaches will train the family in new communication skills. No matter what the cause, there will be some strategy to teach the clients the nature of their problems and the particular route to recovery.

Using Gregory Bateson's work, Watzlawick, Weakland, and Fisch (1974, p. 39) analyzed this approach in relation to alcoholism. They showed that the view of the problem is carried into the solution. If alcoholism is defined as the disease of excessive alcohol consumption, then the therapeutic approach must be centered on abstinence. Getting an alcoholic to stop drinking is the first step in recovery. In this way, alcohol is both the center of the problem and the treatment. Even when someone is successfully sober for long periods of time, alcohol remains a central concern of his or her life. The image of the bottle is as prevalent in sobriety as in drunkenness.

When the cause of a problem is defined, the problem exists in a new way. The process of naming something heretofore unnamed creates it as a reality toward which therapeutic effort must be directed. Instead of the vague unease or intense discomfort a person in her or his situation experiences, the source of the difficulty is identified and feelings are focused on it. It is named—a process that carries with it a magical quality because it makes something comprehensible that had been puzzling, frightening, and mysterious. The sense of control that often comes with naming provides a sense of initial relief. The unknown has been categorized and labeled. By making the problem subject to rational processes, the person in the grip of the difficulty sees that it has some shape and can be contended with. The power of the professional comes from naming the problem and from having in mind a strategy for overcoming the difficulty.

This process of naming occurs in a language that belongs to the professional, not the client. Diagnostic categories establish classes of conditions with which a client is matched. To accomplish this match, a clinician must look for broad commonalities rather than idiosyncratic characteristics. The client's situation must be made to fit predetermined categories and those categories are not ones that the client would

devise as an adequate description of his or her situation. To categorize someone as depressed provides only the most global assessment. It does not reveal the meaning of that person's struggle nor the strengths that lie hidden in that person's story.

Problem-based assessments encourage individualistic rather than social environmental explanations of human problems. Although it generally is understood that people live in complex social milieus that dramatically affect them, assessment rarely takes into account larger social variables. Even when conditions such as poverty are seen to limit severely people's ability to manage their lives, attention often is concentrated exclusively on efforts to change the behavior of those affected. The difficulty in changing social conditions deters helpers from keeping those factors in the picture, and results in a view of people as the cause of their own problems.

The problem-deficit orientation sets up other barriers for clients. One manifestation occurs frequently in residential treatment programs. Deficiencies in behavioral skills are identified in the initial assessment, and a treatment plan is devised to teach these skills. When the person demonstrates these skills, the staff is inclined to count it as a successful intervention. However, success is marred by other "dysfunctional" behaviors that are observed and the strategy of correcting them is similarly programmed. This pattern may be repeated numerous times, turning what was expected to be a 3-month stay into several years of treatment. The focus on problem behaviors develops a life of its own, and is paradoxically reinforced by the fact that the residential environment in itself creates "problematic" behavior. Although a focus on such behavior may temporarily alleviate its expression, there is no evidence that the results of such residential intervention will carry into the person's life after release from the program. Gearing treatment goals to problem behaviors ensures that there will be a never-ending requirement for continued intervention and little sense of success.

Finally, the activity of searching out the problem creates the illusion that there is an identifiable solution or remedy for it. Underlying the problem approach is the belief that an accurate naming of the problem will lead to an appropriate intervention. Although that belief may occasionally be justified, the daily practice experience is, far less precise. Many professionals find that naming a situation provides no clues about how best to proceed-and that the real clues emerge from the continuing and ever-changing interaction with clients who are in the situation. In addition, the very act of diagnosing the problem may add a new layer of problem that complicates any notions about a clear course of treatment.

The focus on the problem and the process of defining it established the contours of much of what is identified as helping. Three dynamics are clear: (1) the problem invariably is seen as a lack or inability in the person affected, (2) the nature of the problem is defined by the professional, and (3) treatment is directed toward overcoming the deficiency at the heart of the problem. This triumvirate helps ensure that the helping encounter remains an emergency room, where wounded people come to be patched up.

DEVELOPING A STRENGTHS PERSPECTIVE

In the face of this pervasive bias toward weakness and pathology, it is difficult to imagine that it is either wise or possible to create a substantially different set of assumptions to underlie the helping process. One of the signs of a dominant view is the suspicion it generates about any approach that contradicts its premises. For all those trained in the current models of helping, it may seem foolish or dangerous to ignore what seems to be the clear presence of pathological behavior or to consider any approach that would sever the ties between recognition of human difficulty and interventive strategies for dealing directly with its causes. The theoretical superstructure that surrounds and bolsters the dominant approach forms a deeply held belief system that is not easily swayed, much less relinquished.

The motivation for a critique of the problem focus comes from two fronts. On a philosophical level, the intense focus on problems makes it difficult for practitioners to express some of the fundamental values of the profession. The belief in the dignity and worth of each individual and the corresponding belief in individual and collective strength and potential cannot be realized fully in the midst of concerns about assessing liabilities. On a practical level, the concern with the problem places the practitioner in a position of authority, making it difficult for clients to trust their own sense of how to proceed with their lives. As a result, they may be tied to professional help for extended periods.

The value of the profession provides the necessary foundation for an approach to helping that is dedicated to the development of people's strengths. In the words of Smalley (1967), "The underlying purpose of all social work effort is to release human power in individuals for personal fulfillment and social good, and to release social power for the creation of the kinds of society, social institutions, and social policy which make self-realization most possible for all men [or women]. Two values which are primary in such purposes are respect for the worth and dignity of every individual and concern that he [or she] have the opportunity to realize his [or her] potential as an individually-fulfilled, socially contributive person." (p. 1)

This statement of purpose and these values are the core of social work and provide the framework for a value-based approach to social work practice.

Building an approach to practice on the central values of the profession accomplishes two important objectives. First, it ties the practice of social work to its philosophical roots in a conscious, explicit way. Values become the constant measure against which the quality of practice is judged. Second, it acts as a corrective for the imbalance caused by the preoccupation with people's deficits and liabilities. A strengths perspective rests on an appreciation of the positive attributes and capabilities that people express and on the ways in which individual and social resources can be developed and sustained.

Before discussing the practical applications that flow from this approach, the assumptions on which this approach is founded must be recognized. These assumptions reflect a particular value position and are beliefs, rather than empirical facts. They are offered as a way of showing the philosophical position that underlies the approach and as a basis on which to judge both their consonance with social work values and their reflection of the experiences of people's lives.

All people possess a wide range of talents, abilities, capacities, skills, resources, and aspirations. No matter how little or how much may be expressed at one time, a belief in human potential is tied to the notion that people have untapped, undetermined reservoirs of mental, physical, emotional, social, and spiritual abilities that can be expressed. The presence of this capacity for continued growth and heightened well-being means that people must be accorded the respect that this power deserves. This capacity acknowledges both the being and the becoming aspects of life.

In the midst of a recognition of capacity for growth is the simultaneous recognition that no person perfectly expresses this capacity on all or even most of the planes of development during his or her lifetime. A few rare individuals may show high levels of artistic, spiritual, or intellectual development, but for most people, the evidence of life shows far more modest results. In a strengths perspective, a conscious choice is made to attend exclusively to those aspects of a person's life that reflect the gains made, however modest they may be judged.

Attention to the strengths people have, rather than to their failings, reveals an important assumption of the model. By placing an emphasis on the already realized positive capacities of an individual, the individual will be more likely to continue development along the lines of those strengths. Continuing growth occurs through the recognition and development of strengths. The interplay between being and becoming and between what a person is in totality and what may develop into greater fullness mark the essential dynamic of growth.

But an emphasis on the positive aspects of human capability serve as a stimulus for new growth. An emphasis on the positive aspects of human capabilities as the best stimulus for growth runs directly counter to prevailing conceptions about problems and deficits. An assumption is made in the strengths perspective that the quality of growth is enhanced by attending to the positive abilities already expressed, rather than to their absence. A singular focus on the strength already expressed is the vehicle through which additional talents and abilities can be developed. This position asserts that people do not grow by concentrating on their problems. In fact, the effect of a problem focus is to weaken people's confidence in their ability to develop in self-reflective ways. The fact that people have lacks is acknowledged, but the best strategy for supporting further gains is a conscious emphasis on the gains already made.

Because of the current bias toward weakness rather than strength as an expression of human qualities, there are several ancillary principles that guide the strengths

focus. The first is a belief that people have the capacity to determine what is best for them (Weick & Pope, 1988). This long-honored social work value recognizes that people have an inner wisdom about what they need and that ultimately, people make choices based on their own best sense of what will meet that need. Those who hold a strengths perspective assume that this inner wisdom can be brought into more conscious use by helping people recognize this capacity and the positive power it can have in their lives.

Giving people confidence to proceed with the difficult choices in their lives acknowledges another principle: that people do the best they can. Even though the systems of social rules suggest that there is an objectively correct way to proceed in human life, most people experience a different reality. They realize that the situations they face are idiosyncratic, not only from event to event in their own lives but compared with events in others' lives. Given the complex way that situations occur, it is difficult to imagine that there is one best way to proceed. One tenet of a strengths perspective is that in the midst of complexity, people proceed in the best way they can. Even when they are making what seem to be wrong choices from an outsider's viewpoint, they are exercising their capacity to find what is best for them.

Recognizing the complexity of human situations reinforces another social work insight about the interplay between individuals and environments. The personal history and unique composite of personality characteristics of individuals interacts constantly with the political, economic, social, and natural forces in society. The combinations and permutations of this vast welter of factors necessarily shakes beliefs about predictability and certainty. It is impossible for even the best trained professional to judge how another person should best live his or her life. The non-judgmental attitude in social work dictates not only that social workers should not judge but that social workers cannot judge. Instead, the principles of knowing what is best and doing what is best places the power of decision where it should be with the person whose life is being lived.

STRENGTH-BASED PRACTICE

Although social workers intuitively are comfortable with the concepts of a strengths perspective, it may seem difficult to imagine actually practicing primarily from this perspective. The institutional and professional barriers appear insurmountable. Yet a practice approach based on this perspective has been developed and has produced encouraging outcomes for a population that is most likely to be labeled as pathological: chronically mentally ill people (Modrcin, Rapp, & Poertner, 1988; Rapp & Chamberlain, 1985; Rapp & Wintersteen, 1985). The key to this approach has been a singular emphasis on the strengths and resources of the client, rather than on the client's symptomatology and behavior problems.

A strengths assessment is necessary to practice according to a strengths perspective. The assessment focuses exclusively on the client's capabilities and aspirations

in all life domains. In making this assessment, both the client and the social worker seek to discover the individual and communal resources from which the client can draw in shaping an agenda. The question is not what kind of a life one has had, but what kind of a life one wants, and then bringing to bear all the personal and social resources available to accomplish this goal.

Social workers are not required to judge. Strengths are not thought to represent symptoms of underlying pathology. Therefore, there is no need for a clinical diagnosis. A client's expressed aspirations are accepted as sincere. Acceptance and validation replace skepticism about what clients can "realistically" achieve. A brief example can highlight aspects of this approach.

Harry, a 45-year-old man, grew up in rural Kansas. He had been referred to the community support program upon discharge from the state hospital. Harry had been hospitalized 20 years ago, and carried a diagnosis of chronic schizophrenia. He had been placed in a board-and-care home that was located in a large urban area.

The community support staff became Harry. It was reported that he was noncommunicative, had poor hygiene skills, and was hallucinating regularly. These problems were compounded by a report from the boarding home that Harry was packing his bags each night as if to leave. The staff predicted imminent rehospitalization.

Harry was referred to a social worker trained in the strengths perspective. Through the process of a strengths assessment, Harry's knowledge of and interest in farm work came to the fore. The social worker took seriously this expression of interest and began working with Harry to find a place where he could use his skills.

They located a ranch on the edge of town where the owner was happy to accept Harry as a volunteer. Harry and the owner became friends and Harry soon established himself as a dependable and reliable worker. After a few months Harry recovered his truck, which was being held by his conservator, and began to drive to the farm daily. To the delight of the community support staff, Harry began to communicate and there was a marked improvement in his personal hygiene. At the time of termination with the case the owner of the ranch and Harry were discussing the possibility of paid employment.

The work with Harry may appear to be typical of social work practice, because it combines such fundamental aspects as a caring relationship and the creative use of community resources. But the distinctive aspect of the strengths approach is the belief that people can grow only when the social worker actively affirms and supports their ability to do so. In Harry's case, the social worker consciously chose to look beyond his symptoms of uncleanliness, hallucinations, and silence. Instead, through the medium of a caring relationship, the social worker helped uncover and focus the goals and aspirations central to Harry's interests. Because of this affirmation, Harry was able to draw on his own resources and those of his community to reshape the direction of his life.

When a strengths perspective is used, a new array of questions then commands attention. For example, instead of asking, "What's wrong with this family?" the question becomes, "What are the strengths in this family that will help them grow and change?" Instead of asking, "Why is this person mentally ill or delinquent or abusive?" the question can be, "What do they need to develop into more creative and loving adults?" Such a shift in focus lends itself to a series of related questions about the ways individuals already have shown resilience in the face of pain and alienation and the resources that exist within family and community for nourishing that resilient spirit. In the last analysis, it is not the development of specific methods that will justify this approach but a heightened commitment to the professed belief that social work practice builds on people's talents, aspirations, wisdom, and courage. Acting on that belief lies at the heart of the strengths perspective.

CONCLUSION

In a strengths perspective, the emphasis on positive qualities and attributes creates a qualitatively different context for social work practice. It aligns the doing of social work with its system of values. Rather than teaching people ever more sophisticated formulations of their problems, emphasis is placed on helping people learn to recognize and appreciate their strengths. Uncovering these strengths and framing them in an accessible and useful way becomes a core social work process. Within this perspective, the words of Mary Richmond (1922) once again are relevant: "Individuals have wills and purposes of their own, and are not fitted to play a passive part in the world" (p. 258).

The roles of the professional and of the client are dramatically changed in this approach. The client decides what course of action to pursue. In contrast with more traditional diagnostic frameworks, within which individuals cannot compete with the theoretical or formal conceptions of their problems, the language of strengths belongs to the client. People can identify the resources available within themselves and their lives. If anything, a strengths perspective is a strategy for seeing; a way to learn to recognize and use what is already available to them. The professional person thus becomes a translator who helps people see that they already possess much of what they need to proceed on their chosen path.

Focusing on human strengths is one significant strategy for helping people reclaim a measure of personal power in their lives. A strengths perspective has successfully been applied to a group who have been burdened throughout their lives with the label of chronic mental illness. If an emphasis on the hidden strengths of people who have been categorically excluded has been helpful in their achieving new dignity and purpose, the lesson is one to be considered in all realms of practice. If the profession chooses to do so, helping people recognize and build on their strengths may once again become a powerful maxim for social work.

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