

# Toward Validating the Therapeutic Benefits of Empowerment-Oriented Social Action Groups

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**ABSTRACT.** This article speaks to the role of empowerment-oriented social action groups as one method to bridge micro and macro social work practice. Demonstrating therapeutic benefits of such groups may generate a greater acceptance among clinicians to integrate social action groups as part of their agency practice. The benefits of social action groups are specifically linked to self-efficacy theory and Yalom's curative factors of therapeutic groups. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2004 by The Haworth Press, Inc. All rights reserved.]*

**KEYWORDS.** Empowerment, social action groups, self-efficacy, curative factors

## *INTRODUCTION*

Empowerment-oriented social-action groups for oppressed populations is one approach to social work practice that brings together the core social work values of service and justice. The literature suggests that such groups offer therapeutic benefits to participants such as in-

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creased levels of self esteem, self-efficacy, and improved personal skills. Additionally, social action groups have a transformative purpose focused on the systemic barriers affecting group participants.

However, even though the NASW Code of Ethics (1996) speaks to the dual focus of social workers to address the service needs of their clients and to advocate for systems change, social workers often identify themselves as falling into one of two camps: clinical or advocacy. Some clinicians fear that integrating social action into their clinical practice would dilute their clinical focus (Rose, 1999). Clinicians have also expressed being too overwhelmed with providing direct services to engage in efforts for systemic change (Hudson, 1998). Ironically, macro-practitioners often feel powerless engaging in a relationship with clients with a therapeutic focus. Schwartz (1969) refers to this polarizing dilemma within the profession as “the granddaddy of them all” (p. 25). Furthermore, he argues that those within the profession who advance dualistic arguments, pitting one approach versus the other, unnecessarily put social workers in a bind, and ignore the fact that most *public issues* around which social workers advocate begin as *private troubles* presented by clients at social service agencies. Consequently, direct service and systems change are mutually supportive.

The profession needs to improve how it marries clinical and macro approaches to social work practice. Social work advocates strengthen their skills and enhance their credibility when they ground their advocacy in direct practice experience. Social work clinicians have a responsibility to advocate for public policy changes that would alleviate the suffering experienced by clients they serve in clinical practice.

Empowerment-oriented social action groups may be one method for social work advocates and clinicians to use to meet their dual responsibilities to serve client needs and pursue systemic change. The benefits of social action groups for systemic change are clear as indicated by their stated purpose. However, their therapeutic benefits have not been sufficiently empirically validated. In an effort to move closer to validating the therapeutic benefits of empowerment-oriented social action groups, this paper reviews the literature on the therapeutic benefits described thus far, and, using Bandura's (1995) self-efficacy theory, attempts to show how empowerment-oriented social action groups contain the ingredients for developing the self-efficacy of group participants. In addition, this paper briefly describes how Yalom's (1995) curative factors of therapeutic groups are present in empowerment-oriented social action groups. Finally, the author describes case examples from her own experience and the social work literature to illustrate the therapeutic benefits in empow-

erment-oriented social action groups, and to demonstrate their value and potential within a social service agency context.

### ***LITERATURE REVIEW***

The social work literature offers little empirical research on the therapeutic benefits of empowerment-oriented social action groups. One ethnographic study of homeless participants in a social movement showed that homeless people who were engaged in a protest movement demonstrated gains in both material and nonmaterial resource (Wagner and Cohen, 1991). Three years following the protest, homeless participants exhibited better housing and income statuses, improved personal skills, and they demonstrated higher levels of organizational attachment and disalienation. Several protest participants indicated that participating in the protest had profound positive changes on their lives.

In the absence of empirical social work literature, literature from other professions was reviewed. Similar to the social work literature, professional literature from other disciplines offers little insight into the causal correlation between empowerment-oriented social action groups and self-efficacy.

While there is little empirical literature examining the therapeutic effects of empowerment-oriented social action groups, social workers have contributed prolifically to the theoretical literature about the benefits of empowerment as a paradigm for practice. Over the years, the social work literature has described the term empowerment as “illusive” (Albers & Paolini, 1993, p. 100) “ubiquitous . . . hazy and undeveloped” (Gutierrez et al., 1995, p. 250). However, social workers seem to be coming to a consensus that empowerment is a multi-level process that involves personal, collective, and structural or systemic change (Checkoway, 1995; Gutierrez et al., 1995; Breton, 1994, 1995; Wood and Middleman, 1991; Lee, 2001; Mullender and Ward, 1991; Cox, 1991; Moreau, 1990; Keenan and Pinkerton, 1991; Carniol, 1992; Andrus and Ruhlin, 1998; Albers and Paolini, 1993).

Lee (2001) describes the empowerment approach to social work practice as both a “clinical and community oriented approach” (p. 30) that unleashes human potential to build a more just society. Furthermore, she states that social workers using an empowerment approach are facilitators, rather than change agents, in the self-healing and self-empowerment processes of marginalized populations. Various models have been suggested to ensure that the full measure of empowerment is achieved on all levels.

The elements common to all models include: individual empowerment through personal development; collective empowerment through validation of individual experiences; consciousness-raising; and social action.

In addition, most scholars agree that the empowerment process does not occur in a linear fashion, but as a dialect where each level of empowerment supports and develops the other from multiple directions. Breton (1995) describes this dialectic as “the relationship between social action and personal healing” (p. 5). She relates that the process of consciousness-raising may result in a restoration of self-worth. Improved self-worth contributes to an individual’s self-efficacy and may result in one’s participation in collective action.

Other therapeutic benefits for clients of social action posited in the theoretical literature include developing a new positive sense of self (Checkoway, 1995), increased self-esteem and self-efficacy (Home, 1991; Gutierrez et al., 1995; Pecukonis and Wenocur, 1994; Staples, 1990), and moving from self-hatred to self-affirmation (Moreau, 1990). Wohl (2000) shared observations from parents and youth development staff about students who organized a campaign targeted at officials in New York to restore cuts to youth programs in the FY 2000 budget. Wohl wrote that parents and staff reported a demonstrated growth in “confidence and command among the youth” (p. 4) and a competence in skills, such as outreach, conferring and coordinating around an issue, and articulating to a range of audiences the need to invest in youth. Applying Bandura’s concepts of self-efficacy, one could argue that the *mastery experiences* experienced by the youth involved in this campaign were at the core of their demonstrated increase in confidence observed by parents and staff.

#### ***POSSIBLE EXPLANATIONS FOR SCANT LITERATURE ON THERAPEUTIC BENEFITS OF EMPOWERMENT-ORIENTED SOCIAL ACTION GROUPS***

The absence of literature on measuring therapeutic benefits of social action groups may reflect a view in the profession that politics falls outside the domain of social work. The dualism within the profession described by Schwartz (1969) that artificially separates interventions targeted at individuals and systems may inhibit systematic methods to measure the complementarity of those interventions using empirical methods. Another reason could be the existence of organizational limitations placed on social workers to form social action groups which would impact social workers’

ability to study their therapeutic benefits. Gutierrez et al. (1995) identify four categories of organizational barriers to empowerment-oriented social work: expectations of funding sources, social environment, intrapersonal issues, and interpersonal issues. Garvin's study (1991) supports the notion that organizations do not engage in social action for fear of losing funds.

Other possible reasons for the absence of literature on the benefits of empowerment-oriented social action groups are the barriers social workers face themselves in attempting to organize vulnerable and marginalized groups. Chronic poverty, transience, a range of functioning levels, and the degree of disabling conditions found in a social service client population create tremendous barriers to engaging social service clients in social action groups. O'Donnell (1993) identifies leadership conflicts, membership turnover, and an apathetic climate toward the poor as other barriers to an organized empowerment approach. Another study noted that empowerment efforts often result in people who have less time and material resources being asked to participate at a level that requires more of them than the professionals who have more resources at their disposal (O'Donnell, Ferreira, Hurtado, Ames, Floyd, and Sebren, 1998).

Additionally, personal characteristics of social workers can erect barriers to effective empowerment practice. O'Donnell (1993) characterizes this as the "lack of professional skill in working collaboratively with clients" (p. 633). She partially blames this professional deficit on social work schools who prepare their macro-level graduates to be policy elitists versus community activists. In an empowerment model, she indicates that social workers should operate as facilitators rather than experts. As a facilitator, social workers "contribute theoretical and empirical knowledge, assist in reframing problems, and help develop change strategies" (p. 633). Only clients make decisions.

As one would expect, the concept of shared power is prevalent in the empowerment literature. Lewis (1991) credits feminist theory with advancing a methodology for social group work with citizens groups that is "egalitarian, participatory and validating of each member's life experiences" (p. 30). Home (1991) reflects a feminist influence in her approach with women's groups to ensure that their political activity is grounded in personal experience.

Breton (1995) bases the concept of shared power in the principle of collegiality. She indicates that social work *experts* become *oppressors* by wielding the power held within their expertise. Hunter and Saleebey (1983) use the term *symbolic relevance* to refer to the power constructs of language (acronyms), expertise, dress (white coat or uniforms), or architectural symbols (vaulted ceilings) that create participation barriers

for social work clients. Structural social workers “place their power at the disposal of clients in an explicit and conscious manner” (Carniol, 1992, p. 9). Some scholars refer to the client-worker relationship as a team where each player contributes to the effort equally (Gutierrez et al., 1995). Cox (1991) states that social workers who engage in empowerment practice must establish an egalitarian relationship with their clients. Lee (2001) highlights Freire’s Critical Education Method as an empowerment practice that embraces the notion of shared power through methods that help clients develop a critical consciousness that leads to action.

***SELF-EFFICACY THEORY  
AND YALOM’S CURATIVE FACTORS  
AS TOOLS TO VALIDATE THERAPEUTIC BENEFITS***

Several authors mention a correlation between social action and increased levels of self-efficacy (Home, 1991; Gutierrez et al., 1995; Pecukonis and Wenocur, 1994; Weil, 1996; Staples, 1990). The theoretical foundation for these conclusions is based on theories of self-efficacy (Bandura, 1977), social learning (a forerunner of self-efficacy theory), and learned helplessness (Seligman, 1975). Self-efficacy theory appears to be a natural theoretical framework for correlating empowerment practice with therapeutic benefits. Empowerment-oriented social action groups comprise the essential treatment elements in Bandura’s (1995) clinical approach to developing self-efficacy.

Self-efficacy refers to one’s belief in his or her abilities to execute certain tasks in an effort to produce a particular outcome. Bandura (1995) proposes that efficacy beliefs regulate cognitive, motivational, affective, and selection processes in human functioning. High efficacy influences cognitive processing by helping people visualize themselves in success scenarios. This positive cognitive thought process guides the motivational process which enables people to set higher goals for themselves, to strive harder to attain those goals, and to persevere in pursuing those goals when faced with difficulty. High efficacy influences affective processing by reducing the stress and anxiety associated with performing a new challenge. Consequently, reducing the stress and anxiety associated with new challenges affects the choices people make to enhance their personal development, i.e., selection process.

Social action requires initiative, perseverance, and hard work. Therefore, it is crucial for facilitators of social action groups to be intentional

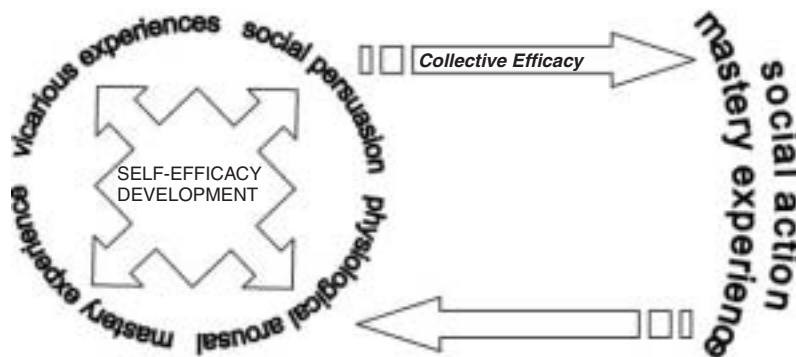
about developing the self-efficacy of group members. Pecukonis and Wenocur (1994) agree that “agents of social change need to be dedicated to engendering perceptions of self-efficacy and hopefulness as part of their organizing process” (p. 12). Moreover, they discuss the relationship of the efficacy of individual group members to the collective efficacy of the group toward making institutional change. Bandura (1995) asserts that group achievements are rooted in self-efficacy.

Bandura (1995) identifies four sources from which self-efficacy is derived: (1) mastery experiences; (2) vicarious experiences; (3) social persuasion; and (4) physiological arousal. He emphasizes the importance of using all sources of self-efficacy in treatment because “self-efficacy beliefs are the product of a complex process of self persuasion that relies on the cognitive processing of diverse sources of efficacy information conveyed enactively, vicariously, socially, and physiologically.”

By their nature, empowerment-oriented social action groups attend to all sources of self-efficacy in preparing group members to engage in social action. In fact, social action movements culminate from the personal and group development activities that take place in empowerment-oriented social action groups using the four sources of self-efficacy identified by Bandura. The dialectical relationship between self-efficacy development and social action is depicted in Figure 1.

Personal and interpersonal development activities involve small-scale *mastery experiences*, such as organizing and participating in letter writ-

FIGURE 1. Self-Efficacy Development in Empowerment-Oriented Social Action Groups



ing campaigns, petition drives, recruitment meetings, doing a role play, or giving public testimony; *vicarious experiences*, such as witnessing peers or group facilitator do the activities described above; *social persuasion*, such as affirmation and encouragement from organizer and group participants; and *physiological arousal*, such as imparting and practicing techniques to control debilitating effects of confrontational situations. Using these four sources to develop the self-efficacy of individual group members results in developing the collective efficacy of the group which feels empowered to pursue the larger social action. The mastery experience of this social action leads to additional experiences of mastery, vicariousness, social persuasion, and physiological arousal within the group and may contribute to a greater development of self. Consequently (and ideally), collective efficacy and a cycle of social action efforts continue until the desired institutional changes have been accomplished.

Self-efficacy has been linked to improving behaviors in a number of areas such as overcoming phobias and anxieties; alcohol and drug abuse; eating disorders; smoking addiction; increasing pain tolerance; recovery from illness or injury (Gecas, 1989). Self-efficacy has also been identified as providing a buffer between stress and depression (Gecas), improving coping behavior and reducing fear arousal (Bandura et al., 1980). The development of self-efficacy has also been linked to the development of self-esteem (Bednar and Peterson, 1995). Social workers should begin to make a similar correlation between social action and self-efficacy development to encourage the use of empowerment-oriented social action groups in clinical or direct service settings.

### *Yalom's Curative Factors*

In addition to or in combination with self-efficacy theory, researchers could demonstrate the therapeutic benefits of empowerment-oriented social action groups by validating the presence of Yalom's (1995) therapeutic factors in them. In answering the question, how does group therapy help patients?, Yalom distills the complex process of therapeutic change into 11 experiences people have in groups. A description of how these relevant factors are present in empowerment-oriented social action groups is provided below:

*Instilling Hope:* Social action group facilitators and group members themselves must instill hope by believing in and conveying to other members the efficacy of the group. The role of instilling hope is an important part of engaging people to participate as group facilitators have

to overcome enormous barriers of skepticism about collective efficacy to effect change. Social action group members can identify historical examples to demonstrate the effectiveness of social action. In addition, developing peer leaders from among group participants similar to self-help groups, e.g., AA, Compassionate Friends, and Men Overcoming Violence, is another effective method to instill hope. Regardless of the methods employed, instilling hope is important to social action group formation and to the perseverance of the group in tackling difficult issues.

*Universality:* People engaged in a social action group experience affirmation from group members for their struggles in negotiating systems. The shared experience of being denied services and benefits, or being treated disrespectfully affirms people's sense of injustice and fuels the individual and group passion necessary for action.

*Imparting Information:* In social action groups, the facilitator may provide the technical information that demystifies the political process and offer objective data relevant to the group's action item. Similar to the self-help groups, peer leaders emerge to provide technical information, and the organizer assumes a role of facilitator.

*Altruism:* The personal satisfaction gained from helping another is central to the definition of altruism. People who engage in social action based on their own experience of oppression are often doing so out of altruism; some participants use the phrase "giving back" when explaining why they choose to participate in social action.

*Developing Socialization Techniques:* Social action groups address socialization techniques indirectly as part of group facilitation. However, social skills are more explicitly developed in the context of consciousness-raising and interacting with public officials or the target of the social action. Social action group facilitators conduct role plays with group members to reduce anxiety in confrontational situations and to practice appropriate socialization skills for such situations.

*Imitative Behavior:* Imitative behavior is an important construct in social action groups as members witness the strengths of their peers and feel empowered to take risks showing their own skills and talents. Yalom (1995) indicated that even brief imitative behavior could launch confidence and behaviors that empower or develop self-esteem.

*Interpersonal Learning:* Social workers believe in the importance of human relationships because of their strength as a vehicle for healing *and* for collective action. Consciousness-raising is a powerful conduit for interpersonal learning among group members, especially at the early stages of group development or as new members seek to join the social

action group. In social action groups, the typical distortion experienced by participants is that the injustice they have experienced is warranted, or that they simply have not experienced injustice.

For example, in a focus group evaluating the quality of health care at the District of Columbia's public hospital, a focus group participant stated that she had never experienced any problems in the waiting room. Upon further discussion, she shared that she had waited ten hours in the emergency room before being turned away, and told to return the next day for treatment. When other group members expressed outrage, she said that this type of wait was typical for her and therefore she thought it was normal. Group members helped her redefine what constituted fair and just treatment.

*Group Cohesiveness and Catharsis:* Yalom (1995) states that group cohesiveness is the linchpin that allows all other therapeutic factors to occur. Group cohesiveness is critical for the sustainability of social action groups to subsequent issue campaigns beyond the initial issue of focus. Catharsis is the process of expressing and venting feelings. Social action groups provide ample opportunity for group members to vent feelings and express outrage, disappointment, demoralization, sadness, or other emotions associated with trying to negotiate oppressive systems. Sharing and affirming this shared experience enhances group cohesiveness and brings about the empowering feeling of universality.

*Existential Factors:* In social action groups, intimacy develops among members from sharing experiences of mastery, mutual encouragement and support, and celebration. However, participants from each group discover the limits of this shared experience and realize that they are ultimately responsible for taking control of their lives. While this feeling can result in despair, it can also be a source of strength and the resolution to begin taking charge of one's life.

Yalom (1995) developed these therapeutic factors from his experience leading groups with therapeutic purposes, but they have relevance for empowerment-oriented social action groups. Researchers could measure the presence of these curative factors within such groups to validate their therapeutic effectiveness in an effort to legitimize this group work method in the eyes of social service agency administrators.

### ***SOCIAL ACTION AS A MEANS TO SELF-EFFICACY: AN EXAMPLE***

The author was able to witness the development of self-efficacy through social action in her first six months as a social worker in a single

room occupancy (SRO) housing program for formerly homeless adults in Washington, D.C. For the majority of the 93 residents, the SRO was their first independent living situation since coming out of homelessness, and the author's responsibilities included coordinating services for 53 of the residents. Tenants represented all demographics of the homeless population, e.g., the elderly, people struggling with mental illness, addiction, physical disabilities, low-wage jobs, and so on. All rents were subsidized through the city's version of the federal Section 8 program, the Tenant Assistance Program (TAP). Within six months of the author's beginning the job, residents began bringing her letters from the city government stating that the TAP program was being eliminated due to budget pressures. Since none of the residents could afford even the modest rents at the SRO without the subsidy, the pending elimination of this program caused tremendous anxiety and consternation throughout the housing program.

Within a week of getting these letters, the staff called a building meeting to see what the residents wanted to do about the potential loss of TAP subsidies. Options discussed included identifying alternative housing for each resident (a rather unrealistic option) or advocating for the continuance of the program. Fortunately, the residents wanted to fight for their housing subsidies, and they began meeting with the social worker to develop a strategy. The strategy included: writing letters to public officials with personal stories highlighting the meaning of the subsidy in bringing stability to the lives of the residents; circulating a petition among the residents and allies of the program; and testifying at an oversight hearing of the Department of Public and Assisted Housing, the entity which administered the program.

Carrying out this strategy involved numerous individual and group meetings with residents to help write letters to public officials, craft language for the petition, and prepare and practice testimony. Meetings were carefully facilitated to ensure that residents shared their own views and used their own words to express the consequences to their lives if the TAP program was eliminated. These meetings served to give residents mastery experiences in writing letters and practicing the delivery of testimony, which helped to reduce anxiety associated with the hearing process, *physiological arousal*. Furthermore the group sessions enhanced the *social persuasion* associated with the encouragement and support received from peers as preparations were building up to the hearing date.

On the day of the hearing, the group rode together to the Council building in a nearly full 15-seat passenger van. An agency representa-

tive and several of the residents testified and the rest of the group sat in the chambers supporting them. Residents spoke eloquently about the experience of living in their own apartments and the lack of any affordable alternatives. Residents in the hearing audience *vicariously experienced* the success of their peers who testified before the Council and, later some expressed confidence that they could give testimony after seeing their friends do it. During the questioning of the government witnesses, it appeared that there were some irregularities in the administration of the TAP program. At the time, we did not realize the significance of the questioning in uncovering fraud within the agency.

On the drive back from the testimony, it felt as if the group was sailing home. The group members were jubilant. The group was singing and clapping; it felt as if a team of underdogs had beaten the state champions. Within days of the hearing, a newspaper story reported incidence of fraud by DPAH employees' selling TAP and Section 8 vouchers for personal gain. The story read:

Five city employees, including the head of the Subsidized housing Administration have been charged in the scandal. Administrator Cheryl Walker, charged with mail fraud for allegedly mailing her sister in Chicago a voucher, could face up to five years in jail. Four of her deputies face bribery charges, which carry a penalty of up to 15 years in jail. About 400 vouchers and certificates were sold from 1990 to 1993. . . . Ironically, that is close to the number of homeless families living in city shelters. (Loose, 1994)

In the end, the TAP subsidies were saved. When this victory was over, the residents who were most active in this campaign met to decide whether they wanted to disband or continue to meet around other collective concerns. The group decided to continue to meet weekly, and wanted to spend the next series of sessions on skill and knowledge building around local government processes, and advocacy tactics and strategies. The residents also wanted to name their group and ultimately settled on the name Citizens About Real Empowerment (CARE). After the conclusion of the skill building workshops, CARE members continued to work together to address collective concerns. They formed an Orange Hat Patrol to stem drug activity in the neighborhood, and when the Washington Metropolitan Transit Authority planned to eliminate the bus stop in front of their building, CARE members organized and successfully saved their bus stop. Although its membership has gone through cycles of high and low activity, CARE still exists and is com-

mitted to building a more just community. In addition to achieving concrete, meaningful change in people's lives, CARE offered therapeutic benefits to its members in the forms of greater self-efficacy and political efficacy; greater self-esteem and self-confidence; and a realization of their own personal and collective power.

### ***EMPOWERMENT-ORIENTED SOCIAL ACTION GROUPS WITHIN AN AGENCY CONTEXT***

Several factors contribute to a social service agency being an ideal context for forming empowerment-oriented social action groups. First of all, social workers commonly practice in nonprofit social service agencies addressing the needs of disadvantaged populations, and have a *professional mandate* to combine interventions targeted to both individuals and systems. Secondly, the existence of many social service agencies arguably arises out of conditions generated by historical and institutional structural oppression that need to be redressed through social action. So therefore, there is a *need for collective action*. Third, social service agencies have *access to the experts* on the effects of the structural oppression, i.e., clients seeking services who have first-hand experience on the impact of structural barriers to opportunity. Each day, social workers practicing in social service agencies encounter the expert power of people seeking services that could be bundled and channeled to effect change through empowerment-oriented social action groups. In addition to being experts on the problems, agency clients are also experts on the remedies required to correct the structural deficits. Fourth, social service agencies have *organizational resources* (staff time, technology, office space, access to knowledge on organizing practice, and so on) to help raise consciousness and/or frame issues among agency clients, to provide education on action strategies and tactics, and to facilitate organizing and mobilizing for collective action.

Malekoff (1999) showed how these components were brought to bear in his description of a group of young men in an alternative high school who applied their expert power and energy to make changes in their school bathrooms. He described the reaction of the young men to the dehumanizing and degrading conditions of school bathrooms, and how they, the experts, identified the problem and successfully agitated for the remedy.

In addition, it is important to underscore the role of the social worker in creating the space, the affirmation and support for group of young

men to think through the issue and take action on it. Similarly, in the NIKE “Give-Back” campaign described by Wohl (2000), staff played a vital role in helping the youth identify the issues they wanted to confront and to help them apply social action strategies and tactics to advance their cause. This campaign demonstrated the potential of social action groups to develop youth leadership and to provide powerful opportunities for youth to achieve higher social status through taking positive action against wearing Nike sneakers. These components (mandate for action, need for action, experts with solutions, and resources) that are typically present in an agency context supply fertile ground for using empowerment-oriented social action groups to activate the dimensions of empowerment practice identified by Lee (2001):

- (1) the development of a more positive and potent sense of self,
- (2) the construction of knowledge and capacity for a more critical comprehension of the web of social and political realities of one’s environment, and
- (3) the cultivation of resources and strategies . . . for attainment of personal and collective goals. (p. 34)

### *CONCLUSION*

The case for the therapeutic benefits of empowerment-oriented social action groups still needs to be developed. The author’s experience with social action groups like CARE, and experiences shared by other social work practitioners, provide strong anecdotal evidence for the therapeutic benefits of collective action. However, arguments for the use of these groups may be strengthened through systematic measurement and documentation of therapeutic outcomes for group members. While there is extensive theoretical literature addressing the concept of empowerment and extolling the therapeutic benefits of empowerment-oriented social action groups with marginalized populations, there is very little empirical evidence supporting these benefits.

Treatment models using self-efficacy theory may be an excellent framework for demonstrating the therapeutic benefits of social action groups, since the primary sources of self-efficacy complement the concepts and techniques used in empowerment practice. However, social workers must identify facilitative skills and empowerment models that are focused on developing self-efficacy versus accepting the notion that self-efficacy develops as a byproduct of participating in social action groups. In addition to validating the effect of empowerment-oriented

social action groups on self-efficacy, practitioners may want to explore whether such groups offer other therapeutic benefits, such as enhanced self-esteem, improved self-worth, or self-affirmation.

Social workers may also try to empirically validate the therapeutic benefits of social action groups by surveying participants for the presence of Yalom's therapeutic factors in such groups. By their very nature, social service agencies have many of the components needed to systematically research the therapeutic benefits of social action groups, and therefore provide one possible context to study this issue. Other areas for further development include (1) validating the effect of self-efficacy on collective efficacy of social action groups, (2) integrating theories of religion, spirituality, and faith development into empowerment practice, (3) identifying institutional models that support a mission of social justice and direct service, and (4) studying the impact of consumer participatory practices in social policy development on political and self efficacy. Such contributions will help the profession maintain its fundamental commitment to oppressed groups, a characteristic that distinguishes social work from other helping professions.

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