

CHAPTER SEVEN

Guiding Assumptions: A Way of Thinking

When the servant of the man of God got up and went out early the next morning, an army with horses and chariots had surrounded the city. “Oh, my lord, what shall we do?” the servant asked. “Don’t be afraid,” the prophet answered. “Those who are with us are more than those who are with them.” And Elisha prayed, “O LORD, open his eyes so he may see.” Then the LORD opened the servant’s eyes, and he looked and saw the hills full of horses and chariots of fire all around Elisha.

■ *2 Kings 6:15–17*

Sometimes our way of thinking limits what we can see. We make assumptions that limit our capabilities—or the capabilities of others. ■ *Charles Allen Kollar*

I heard a story that went something like this: Once upon a time there was a motorist, driving on an unlit back road late at night. When the thought entered his mind that he would hate to break down in such a dark and lonely place, a tire went flat. As he pulled his car quickly to the side of the road, his headlights lit up a sign that read, “Glenville Mental Institution.” The motorist got out of his car

to check for damage, but he had an odd feeling that he was not alone. Someone was peering through the nearby fence of the institution, not saying anything, just watching.

After taking off the flat tire, the owner of the car put the five lug nuts in the hubcap so they would not get misplaced. The stranger was still watching, and the motorist was getting nervous, now convinced that someone was staring at him from behind the fence.

What's a maniac doing out so late at night? he thought. *And why is he gawking at me like that?*

While rolling the spare tire around from the trunk he stepped on the rim of the hubcap, flipping all the lug nuts into the tall weeds. He went after them but found only one.

Finally, the mental patient spoke: "Take one nut from each of the other wheels and put them on the fourth wheel. Then you'll have four nuts on each wheel and be able to get to a gas station."

The motorist replied, "That will work." Then, "Hey, that's brilliant! What in the world are you doing *here*?"

The patient said, "I'm here because they think I'm crazy, not stupid."

When it comes to counseling within the local church, it cannot be overemphasized that one's *beliefs* about counseling are as important as one's knowledge and skills. Learning the difference between a problem-focused approach and a solution-focused approach is a start. When this paradigm shift takes place, a new way of thinking about counseling begins.

We have considered presuppositions and how they can direct the counseling interview, often without the counselor's knowing it. As stated earlier, SFPC has its own presuppositions: (1) God has given us the ability to create solutions; (2) the solutions can be described and clarified; (3) more than one outcome to counseling can be created; (4) the counselor and the counselee can do the creating and clarifying together; (5) we create solutions as a joint effort with God's preparation; and (6) this process can be taught.

The following are guiding assumptions that proceed from these presuppositions. (Some of these assumptions are adapted from de Shazer, 1988; Walter & Peller, 1992; Selekman, 1993; Durrant, 1993.) Together, they offer the counselor a new paradigm for counseling. They are basic to the practice of solution-focused pastoral counseling and offer a practical and healthy approach to the problems brought to the church counselor.

GUIDING ASSUMPTIONS

1. God is already active in the counselee.
2. Complex problems do not demand complex solutions.
3. Finding exceptions helps create solutions.
4. The counselee is always changing.
5. The counselee is the expert and defines goals.
6. Solutions are cocreated.
7. The counselee is not the problem, the problem is.
8. The counseling relationship is positional.
9. The counselor's focus is on solutions.

1. GOD IS ALREADY ACTIVE IN THE COUNSELEE

It is essential to keep in mind that God has been, and continues to be, thoroughly involved in the counselee's life before we, as counselors, try to help. God is active in the heart, mind, and spirit of all who will ever come to know and love Him. At issue is whether we who are counselors within the local church are going to trust what God has already been doing in the counselee. SFPC assumes that the counselee is capable of knowing and doing what is necessary to move toward God's intended outcome for his problem and for his life. All of us can do whatever is necessary through the strength we receive in Christ (Phil. 4:13).

When we assume God's activity, we begin to look for clues of this activity. We presume they are there. Recent changes, the writing of the Spirit, grace events, strengths, exceptions to the problem—all help us uncover what the Spirit has prepared. There are capabilities within the counselee that can be unearthed to help him in creating a solution. Focusing on these capabilities and building on them is of greater assistance than focusing on problems.

Not long ago Joshua, a distressed father, came to see me regarding his son David. David was being released from a psychiatric center the next day, and his father needed help in dealing with this family crisis. I listened attentively as he told his story, interrupting only to note strengths and capabilities.

David was twelve years old and overweight. His parents had divorced last year, and three weeks ago David moved in with his dad. Shortly after his son moved in, Joshua found a kitchen knife under his son's pillow. He also discovered notes in his drawer that described acts of violence. Joshua was concerned about this as well as about the music David was listening to, as the lyrics encouraged violent acts.

After Joshua consulted with social services, David was taken to a local hospital and from there to the psychiatric center. The staff psychiatrist recommended inpatient treatment. David was diagnosed as having an attention deficit disorder (ADD) and being in the midst of a major depression. Both are legitimate diagnoses within the world of mental health, yet both also limit further search for strengths. The doctor prescribed the psychotropic drug Prozac for depression and Ritalin, a stimulant, for ADD. David remained as an inpatient for seventeen days. His father was informed that David was most likely genetically predisposed to depression. Throughout his stay David remained angry with his father and begged to be brought home. The experts advised against it.

As I listened to this story I had the sensation of a great black hole spinning in space. It was drawing this family into its vortex. With the best of intentions the mental health system, from the initial contact with the social worker to the ultimate hospitalization, led this trusting family into its whirlpool of mental diseases, victimization, and mind-altering medications.

There is no doubt that David's behavior had been deteriorating. He felt angry, powerless, and hopeless. His world, like Humpty Dumpty, had broken to pieces, and he did not know how to put it back together again. Nothing within the present approach to treatment was empowering him to do so. Indeed, the diagnosis and treatment made it clear that David was not responsible for his behavior. He had a disease. At no time did any professional within the mental health system focus on family capabilities. Their problem-focused paradigm kept them from looking for any.

Nevertheless, when I listened to his story I assumed God was already active in the life of this family. It was my responsibility to act on this belief, looking for clues of His activity and preparation. I did not need to look far. Joshua was eager to do anything that would help. Nothing like the incidents with the knife and the notes had occurred previously. In fact, there were numerous *exceptions* to this behavior.

Joshua described how he had recently sat with his son and, while hugging him, told him how much he loved him. I asked if this had helped his son, and he said it had. In fact, it was a wonderful memory for him. As the interview progressed, many strengths and capabilities were revealed in this concerned and loving father. I began to wonder what his son's strengths were. No one else had been interested in David's capabilities or in what *he* wanted.

In the supportive feedback portion of the interview I told him how impressed I was with his love and dedication to his son. I then explained to him how every child has an *emotional tank* (Campbell, 1993, p. 33). This tank is filled by loving and accepting eye contact, appropriate touching, and focused attention, and I complimented him on doing this with his son. I encouraged him to continue his physical expressions of love, since these were what had helped his son the most.

I explained that it is possible to love our children without their *feeling* loved. Our goal must be for our children to *feel* loved, especially when they are in the midst, as David was, of a distressingly confusing time in their lives. The emotional tank needs to be filled with good experiences. When this tank is not filled, or is in need of filling, various problems begin to be manifested. Focusing on correcting these problems is a fruitless enterprise if the tank remains unfilled.

To illustrate, I asked Joshua to consider his automobile. What if your car engine stalled, and you were stranded in traffic? After your car was towed to a garage, a mechanic examined it in order to discover the problem. He gave it a full tune-up, but still the engine would not start. The electrical system was checked, much of it being replaced, still without success. Finally, the mechanic replaced the engine. Even then the car would not start. Later another mechanic suggested checking to see if there was fuel in the tank. Of course, it was empty. Once the car's tank was filled, and the key was turned, the engine started right up.

We would all agree that the first mechanic had been absurdly negligent. All this time and money to fix a car, when it was simply out of gas. Yet we often look for reasons for the problems we have with our children, and our efforts demand a great deal of expense and time. Often the approach the experts recommend for fixing the problem becomes part of the problem. With children, a large portion of the solution is right before us—it is to fill the child's emotional tank.

Joshua said he would do more of this when his son came home. I encouraged him to do so and to make a mental note of what happened when he did. Eventually I saw Joshua, along with David, three more times. Without giving details of what happened during the sessions, I can say that the end result was a family back on track. I continued to encourage father and son to do more of the things they described to me as being helpful and, like detectives, to try to catch each other doing these things. I continued to compliment them on their successes and strengths, as well as helping them describe and stay on track toward their goals. Eventually, they became a team, the goal being to stay on track together.

At this time both father and son are active in a local church and growing in Christ. Joshua is spending as much of his time as possible cementing his relationship with his son.

We always find what we are looking for. If a counselor looks for signs of ADD, he will find it. When he looks for a dysfunctional family, he will find that as well. When a counselor looks for deficiencies, he will always find them—since we *all* have deficiencies to one degree or another. SFPC prefers not only to look for strengths but also to assume they will be there as part of the sovereign work of God.

This reminds me of an interesting experiment by D. L. Rosenhan, a professor of psychology and law at Stanford University. He had eight emotionally healthy people, himself included, admitted to twelve different psychiatric hospitals. The psychiatrists who were assigned to these “patients” were simply told that they were “*hearing voices.*” Each patient gave a thoroughly honest statement regarding his mental state. Even though each would have been considered normal by any standard of society, each was diagnosed as *schizophrenic*. One was also diagnosed as *bipolar (manic-depressive)*.

Keep in mind that each “patient” acted normal. Yet, once they were viewed as mentally ill, their normal behavior was perceived as a pretense—masking abnormality. Each was held from between seven to fifty-two days. A total of over 2,100 pills were administered to this group of patients. Rosenhan eventually informed the hospitals of his actions. He also advised them that he would try to do the experiment again in the near future. What was the result? Of the next 193 admissions, the staff found 41 impostors. It is interesting that Rosenhan had not repeated the experiment (Striano, 1987, p. 79).

It is simply human nature to do what these psychiatrists did. Even the most objective and professional of us will usually see what we are looking for. That is why it is so essential to be looking for strengths and competency. Since we assume God’s intention for the counselee is good, and that He has been preparing him for spiritual and emotional health, we should be looking for evidence of His activities.

In the prophecy of Jeremiah, we read, “This is what the LORD says: ‘Stand at the crossroads and look; ask for the ancient paths, ask where the *good way* is, and walk in it, and you will find rest for your souls’” (Jer. 6:16, italics mine). We are to look for these ancient paths when we come to the crossroads in our lives. The ancient path is the *good way*. It is the way that is both healthy and helpful. In the midst

of our options, the ancient and true choice will always be the one that leads us home to God.

When we assume God's activity, the only reason for looking into the counselee's past is to assist him in *getting back on this good way*. This is the path that reveals God's peace and blessing. As the counselee begins to reconstruct this path, he can return to it. The crossroad could represent the counselee's being emotionally or relationally stuck. Within his past experiences, strengths will be revealed that have been unintentionally discarded. Return to this good way where God has been active, and new possibilities for solutions will be made manifest.

2. COMPLEX PROBLEMS DO NOT DEMAND COMPLEX SOLUTIONS

I once received a phone call from a woman who was quite distressed about her marriage. Unable to see her that day, I asked her to think of all the things in her marriage that were working, that is, that she wanted to have continue. She was to develop a list, and we made an appointment for early the next week.

A few days later she called and canceled the appointment, saying that she had taken my suggestion to heart. To her surprise she had made a rather lengthy list of the things that were going well in her marriage and that she wanted to see continue. She concluded that she wanted to give her marriage another chance. She thanked me for "being so helpful," and I let her know that I was available if she needed any assistance in the future.

Not being able to see a person immediately sometimes presents a difficulty. I approach this difficulty in a way that is similar to what has come to be called the *Formula First Session Task*, or *FFST* (de Shazer & Molnar, 1984, p. 298). The *FFST* approaches the counselee in this way: "Between now and the next time we meet, I would like you to observe your family so that you can describe to us next time what happens in your family that you want to continue to have happen."

This is a task that has been used by de Shazer to prepare his clients for their first counseling session. It is based on the belief that *no matter what the problem that is bringing individuals into counseling may be, that problem does not happen all the time*. There are other times that are good. There are aspects of their lives that they are happy with. The wife who canceled her appointment with me said that she suddenly realized things were not that bad. She was going to wait awhile and see what happens next. She also decided, on her own, to show her list to her husband and to encourage him to make his own list. I thought that this was a wonderful idea and encouraged her to stay

on track with this more positive approach to her marriage, i.e., to find out what is working and do more of it.

A church counselor may say that this is just the old approach of telling someone, "Count your blessings." But there is a key difference. The SFPC approach *assumes* that there are things that the counselee would like to have continue. This is a subtle but powerful *suggestion* that compels the counselee to shift paradigms and look at the situation from a totally new perspective. If we state the obvious, e.g., "count your blessings," or something similar, it is often ignored. It is expected! *Of course the pastor would say that*, the counselee is thinking.

When we ask a counselee to observe his family, and make a list of things that are worth continuing, our initial aim will be to clarify these *exceptions to the problem* and find out how they are happening. How are these things happening? What capabilities does the counselee have that he may not be aware of? How can he continue to have these things happen and to build on them? What strengths does he have that helped these exceptions to the problem happen? Quite often the counselee does not realize the significance of these resources.

I have discovered that the problem does not need to be clearly defined for effective counseling to take place. Quite often it *cannot* be clearly defined. Rather, it is the solution that needs to be clearly defined. I would rather ask what is different about the times when this problem does not occur. I am looking for evidence that the Spirit has already placed in the counselee's life: *clues to ways of getting unstuck*.

We can also encourage the counselee to consider what will be different when his problem has been solved, thus altering his focus. As he shifts paradigms from a past focus to a future focus, he will begin to move in a forward direction. Thus, even as he describes what he will be doing differently when the problem is solved, the paradigm is shifting to a solution, or outcome, focus. The counselor assumes that something will be different, thereby suggesting change.

I recall a family who came to see me a couple of years ago. Mom and Dad came in along with their two sons, Jimmy, age ten, and Jonathan, age fourteen. Jimmy had been identified by the rest of the family as the source of most of the problems in the home. They wanted to discuss *his* problems at length. During the course of the counseling session I watched Jimmy become more withdrawn as accusations piled up.

When I helped this family to consider the times when these problems did not happen, they began listing many things that they were quite pleased with and areas in which Jimmy was doing quite well. As

the conversation shifted into this more positive approach, I observed him perk up and enter again into the family conversation. I then asked what was different about these times. What was different about Mom and Dad during these times? What was big brother doing differently during these times? What would Jimmy be doing when the family was solving this problem? Was it similar to the things that he was doing that the family identified as working?

The deficiency talk had been ineffective. The solution talk began to move the family toward very interesting exceptions that suggested possibilities for creating solutions. What was exciting is that these strengths and grace events flowed out of the life experience that God had already placed within this family.

3. FINDING EXCEPTIONS HELPS CREATE SOLUTIONS

As you can see in the previous illustrations, in every problem that a family or an individual may be going through there will be some instances in which exceptions occur. These instances represent times when the problem is not happening. They offer clues to solutions that may be created (de Shazer, 1988, pp. 131–51). Unfortunately, these exceptions are not always viewed as important by the counselee. It is the counselor's task to help bring meaning to them. Focusing on these exceptions helps the counselee obtain a new perception, while it is also drawing upon the creative work of the Spirit as He continues the process of maturation.

For example, one married couple who came to see me believed they had done all they could to solve their marital problems. So far nothing had helped, and they were going to try one last time. They wanted to work things out, but the more they talked about it, the more frustrated and angry they became. They still harbored resentment for a number of arguments in the past, usually because of poor communication and a mutual lack of respect. Their efforts often led to confrontations over who was to blame.

After listening carefully to what they had to say and to what they had tried to do to resolve their problems, I complimented them on their sincere efforts. I asked them if there were times when they were not fighting or blaming one another. They looked at each other for a moment and briefly smiled. It turns out that just the week before they had gone out on a "date." They had a nice dinner and went to a movie. They told me it had been a long time since they had "gotten away from it all," so they called it a date. Their children were all at friends' homes for the evening.

Neither saw this date as meaningful but rather as simply a break from their problems. When they went back to discussing their problems the next day, the "break" was over and the arguing began once again. I asked them what was different about their date that caused it to be an enjoyable time. They told me they had agreed not to talk about their problems during the evening. Because of this they were more relaxed with each other.

To me this was quite significant. From my perspective their evening out revealed their ability to communicate; it demonstrated their respect for each other, and it exhibited their capacity to change their problem focus by mutual agreement. I congratulated them on their accomplishment and asked whether this had been a more relaxing and pleasant time for them. They said it was. We considered together how they had been able to create this time with each other, clarifying the strengths that were represented. I wondered if it would be helpful if they spent more time together when they would treat each other as they had on their "date." They said it would be. This became the goal of counseling.

This couple had a paradigm that demanded deficiency communication. According to this paradigm, the only real solution for them was to meet their problems head-on. Unfortunately, it had never worked. Nevertheless, they continued to try the same approach again and again. To me, their "date" was meaningful and revealed within it the couple's real strengths. We had discovered a small portion of the Spirit's writing, but utilizing it required a shift in focus.

In this fashion, exceptions to every problem can be developed jointly by counselor and counselee, and these can be used to develop a solution. As the church counselor continues to clarify these exceptions, the initial goal for the interview begins to take shape.

The counselee will also begin to enjoy a renewed sense of personal control over what had been perceived as a situation that was out of control. I believe these exceptions represent the writing of God's Spirit, pointing to the inner capabilities that He has placed within the counselee. As always God is true to His word and has provided a means of escape (1 Cor. 10:13).

4. THE COUNSELEE IS ALWAYS CHANGING

Conversation that focuses on the problem as the basis for the solution can result in both counselor and counselee becoming overwhelmed with information about past and present problems, as well as future anxieties. Depressed individuals tend to get more depressed

when they discuss all the events in their lives that are discouraging them. Anxious people get more anxious. Real change seems further away than ever.

It is interesting to note that most cases of psychiatric care deal with depression. Seventy-five percent of all hospitalizations are due to depression, and only one in fifty depressed individuals who are in counseling are being admitted. Along with this, anxiety is presented as the primary problem in 20–25 percent of all of the rest of professional counseling (Seligman, 1991, p. 79). Depression and anxiety, along with family and marriage problems, will make up the bulk of all counseling, both professional and pastoral.

Unhappiness and fear are areas that ministers and other Christian leaders are quite familiar with and are most prepared to assist. But professional therapists' use of labeling, psychopathologizing, and focusing on problems often leads the church counselor to feel out of his depth. He may come to believe there is nothing that a nonprofessional can do to help a counselee to change.

Yet change is inevitable. Heraclitus is credited with the saying, "It is not possible to place your foot in the same stream twice." As the water is always in motion, so also change in our lives is constantly occurring. If, as a counselor, you conduct your sessions with the expectation that change will occur for the counsees, you will influence them in a positive fashion. Such counselors focus on *change talk*. With a solution-focused approach it is more helpful to think *how* the change will occur, rather than *when* it will occur.

The church counselor knows that God is always doing a new thing. He is going to bring about change in our lives and move us in a direction that accords with His perfect plan. He will use our weaknesses to demonstrate His strength. Of all counselors, the pastor should be a "change talk" counselor.

Small change often leads to bigger change. Jesus taught us to be faithful with the small things in our lives (Matt. 25:21). From the perspective of SFPC it is the small change that begins to make a difference in the counselee's life and becomes the first step toward the solution.

Using words such as "enmeshment" and "dysfunction" are not very helpful. As mentioned earlier, even the recovery movement tends to get locked into a static position when the participant is required to state again and again, "I am an alcoholic." This may be helpful for gaining initial recognition of the seriousness of the problem and for marshaling supportive relationships, but it is based on the disease

model of alcoholism. It unwittingly locks the participant into a perception of reality that keeps him victimized and disempowered.

A family may be *acting* in a dysfunctional, enmeshed, or disengaged way, but it is also always changing. When the family focuses on change and solution, the result is the natural transformation that the Holy Spirit has promised. Lock the family or individual into a dysfunctional label, and the avenue for change is greatly minimized.

When are the times the family did not act in a dysfunctional fashion? The alcoholic, gambler, overeater, etc., was not always caught in this cycle of addiction. *What was different about those times?* The counselee is not unalterable. He is going to change. The question is, in what direction is he going?

The Chinese have an interesting word for crisis. It is the word *weichi*. *Wei* means danger, and *chi* means opportunity. Change is inevitable and often results in crisis. A crisis is the breakdown of possibilities. Emotional myopia has blinded the counselee to alternatives that may be readily visible to someone outside of the problem. Yet in the midst of change there is both danger *and* opportunity. *It is the church counselor's task to locate and utilize the opportunity side.*

Is the counselee depressed or is he acting in a depressed fashion? One counselor suggests changing the label into a verb, giving the counselee both responsibility and a measure of control. Thus the counselee would be *depressing* (Glasser, 1984). What is he doing when he is acting in a nondepressed fashion? What is different about those times? Can we pinpoint exceptions to those occasions? If he cannot recall a time when he was not depressed, what will he be doing differently when he is feeling better?

Change is occurring all the time. The counselor is inviting the counselee to seize the opportunity to change in a way that leads toward solution, rather than toward a continuation of the problem.

5. THE COUNSELEE IS THE EXPERT AND DEFINES GOALS

When the counselor is viewed as, or views himself as, an expert on mental disorders, he may guide the counselee toward goals that do not represent the reason for seeking help. Indeed, some counselees want an expert to make the decisions for them. Those who accept this direction may put aside the reason they came for counseling and focus instead on what the expert has proposed.

Often this new goal remains vague because it was not clearly defined in the mind of the counselee. He may not work as hard at

achieving it since there is no ownership of the goal. Where should the responsibility for goals and progress be placed?

[Many] therapy models . . . utilize the therapist as the expert in determining what is wrong (diagnosis) and setting the course of treatment. This role and process are similar to those of the physician who makes an observation and conducts tests concerning the symptoms, and then as the expert in pathology and treatment prescribes a course of treatment for the patient. The solution-focused model places responsibility on the other side of the relationship . . . clients are the experts on what they want to change, as well as in determining what they want to work on.

Walter & Peller, 1992, p. 28

When we acknowledge the counselee as the expert, we are recognizing the resourcefulness that proceeds from his own personal history and grace events. Consider the story of Edward Nelson. When he entered my office, he was uncomfortable, not knowing how to begin. He and his wife, Terri, were members of a local church, and Ed had come to me for help. After talking a while about general things, I asked him what his goal was in coming to see me. This seemed to help him focus his thinking.

“Terri and I have been having some difficulties. I’ve been looking around for a counselor in town that we could afford. I made a number of inquiries, and we finally found a psychologist over at the Psychological Services Counseling Center. We needed some help with my son from my first marriage. His mom has had trouble dealing with him now that he’s a teenager, and she wants me to take custody. Terri and I have a daughter of our own who is four years old. This has become a conflict for us, and it seems to be focused on my son.”

I nodded thoughtfully and encouraged him to go on.

“We’ve been going to this psychologist for the last four weeks. Actually I only went once; he requested to see Terri alone after the first session. I guess he figured she needed more help in dealing with some of her own problems. Terri is not a very confident person, even though she has been very successful at work. I mean, I’d be the first to admit that there are some problems. I sometimes have problems with my anger.”

“How have you been able to deal with this?” I asked.

“Not so well, I’m afraid,” Ed continued. “We had a big blowup over my son. We got real loud and we pushed each other. This wasn’t even over such a big problem. It was a stupid fight. I’m not making any excuses; I just don’t want to lose Terri.”

"So, how has the counseling been progressing?" I asked.

"In the first session," Ed replied, "the therapist said that Terri was an emotionally battered wife. I was shocked when he said it, but I guess I have been pretty stupid at times. He also suggested I enter into therapy on my own since in his view I'm a spouse abuser. Now Terri is reading books on being an abused wife and is seeing the therapist alone.

"I feel left out, and I don't know what to do. Terri had wanted us to get into counseling for a long time, and I always said no. I just didn't want to discuss our problems with a stranger. When I finally agreed to go, I was the one who found the psychologist and made the appointment. I was proud of myself that I had been able to do this. Now I'm being asked not to attend. He also said he won't see us together due to confidentiality, since he is now Terri's therapist."

"Well, I can't change Terri—or this therapist," I carefully responded. "I do understand that you're not pleased with the way things are progressing. Is there something else I can help you with?"

"Well, it's gotten worse," Ed responded. "Now Terri is saying that she doesn't love me anymore. She's considering moving out with our daughter. She says she needs to take control of her life and has even placed a deposit on an apartment. I guess I haven't been attentive enough. We had a fight over this too, but we made up the next morning and everything seemed to be okay."

"I'm so sorry to hear that," I answered. "I find it interesting that you were able to make up the next morning. What was different about that?"

Ed went on to describe a number of differences that we could have explored for creating an initial goal for marital counseling, but I did not think his primary goal had been addressed yet.

"Let's step out on faith and say that this session has been helpful to you," I said. "How will you know it has been helpful?"

"Well, I guess I would have received another opinion, and some help in figuring out what to do next."

Ed's goal for seeing me was for help in figuring out what to do now that his wife was attending sessions alone. I could have moved in an entirely different direction if I had insisted on my expertise over his. It is possible that the other counselor had done that very thing, but it was too early to tell. Even if he had, it was not something I could change.

"Hmm, when you made the appointment, what was your reason again?" I asked, seeking clarification.

"I wanted help in working with my son," Ed replied. "I guess the psychologist saw something he thought was more important. Perhaps

Terri wanted to talk about her feelings too. I'm out of the picture now. We haven't talked about my son at all, or our marriage. I don't think Terri is really satisfied either. I believe she really wanted to work on our marriage, but it's getting harder to do that now. He keeps asking her how she feels about everything, and my wife is a take-charge kind of person. She wants to see some progress. The counseling doesn't seem to be going anywhere."

At this point we took a break. When I returned I congratulated Ed for his resolve in finding a counselor, as well as his openness and honesty with me. I briefly discussed how therapists approach counseling differently with presuppositions that guide their approach to counseling. I explained that my approach is to focus on solutions rather than on problems. I asked him to observe his marriage and take note of the things that he would like to continue to have happen. I then made myself available to him and Terri in case they wanted to see me together.

There is clear evidence that when the counselee chooses the goal, and works on it together with the counselor, he is more likely to succeed (Miller, 1995). Ed and Terri did come back together to see me. First we worked on their goal regarding Ed's son, and this eventually led into discussion and progress regarding their marriage. When they realized that it was up to them to be fully involved in the process of counseling, they became committed to the goals they themselves had set.

Often a counselee will approach an interview with a whole "laundry list" of problems that he wishes to discuss. After listening carefully, the counselor will need to ask quite specifically what his goal is. Usually, the counselee will have a goal, even if only a vague one. It may be a general statement such as "I want to be happy again" or "I don't want to be depressed." Then the church counselor can begin to help the counselee clarify and describe this initial goal, rather than pursuing a goal that does not come out of the counselee's own reason for seeking help originally.

Matthew Selekmán mentions a nationwide poll that the *American Health* magazine conducted to analyze how people solved their problems.

The vast majority of the people interviewed indicated that they are ten times more likely to change on their own without the help of doctors, therapists and self-help groups. . . . One of the most surprising findings was that only three percent of the time did doctors help these people change whereas psychologists, psychiatrists and

self-help groups got even less credit for personal changes. Family and close friends were ranked as providing the most support in helping with change.

Selekman, 1993, p. 33

6. SOLUTIONS ARE COCREATED

Every person seeks to understand, evaluate, and assimilate individual experiences and information. This process can prevent us from noticing and utilizing new evidence. Keep in mind that meaning is perception. Let us reconsider the story of the three people who witnessed the man raising his hand in front of a small child.

Remember that one reported he saw a man preparing to strike a child. The next said he saw the man waving to someone. The third said the man was simply stretching. Each had infused meaning into the event by his own perception of the situation. Perhaps all three were wrong. Each was limited by his perception, which in turn created "reality" for him. Yet if each refused to admit to the possibility that his perception was incorrect, or unhealthy, then his perception may prevent him from noticing and using information that would allow him to see an alternate possibility. In other words, the observers are stuck in their perception.

So then, all of us are creating our own reality that in turn takes hold of who we are. As church counselors, our task is to cocreate with the counselee a reality in which there is an opportunity for positive change. We can do this by recognizing the writing of the Spirit in his past or present situation, or through cocreating a future in which the problem does not dominate. We minister through what God has already been doing and seek to move the counselee forward toward his goal.

We begin by revealing differences in the way the counselee has perceived his problem—to introduce an alternate perception. "A change in meaning is a change in experience" (Walter & Peller, 1992, p. 26). That is, any change in how the counselee perceives the problem may result in a reevaluation of the experience of that problem. Experience has been altered through the change in meaning.

At one time a woman who came to see me was concerned about a dream she had. In it she saw herself leaving her body and viewing her entire life, from birth to the present moment. But what she saw isolated only the tragic events in her life. Child abuse, trauma, confusion, an emotionally draining marriage. The dream was so powerful that she could not remove herself from its influence. She believed it might rep-

resent her death, and she longed to get through the season of the year that the dream represented.

Believing the dream to have greater significance than ordinary dreams, she thought it may have come from God. Even though the dream had no “true” reality, it was still having a powerful influence on her life. She was losing sleep and had become quite unhappy. I offered an alternate perception. Since God is a God of love and His plan for our lives is good, I wondered if the dream might rather represent the Spirit taking all the tragic moments of her life and externalizing them. In this way her problems were placed outside of herself and she was free to live without their negative influence.

I then inquired what would be different for her today if this was the case. She began to describe what would be different if the devastating events really were separated from her present life. She depicted a life much more pleasing and satisfying. The rest of our time was spent clarifying this “vision” of her life without the problem. Carefully and deliberately we cocreated an initial view of this future, which in turn helped her to get on track toward this goal.

It’s interesting that there never was an actual, physical experience but rather a highly disturbing dream that triggered past memories. Nevertheless, this dream, which had no “true” existence, had a profound effect on her life. *Her perception of the dream had given birth to meaning. The meaning gave birth to experience. Although there never was a “true” experience, it was experience all the same.* To try to convince her otherwise would have been counterproductive. It was real to her and was now forming her in a negative way. Did God have an intention for this experience? By faith I say yes (see Rom. 8:28).

I also believe His intention is to create faith and hope in the future. “For I know the plans I have for you,” declares the LORD, “plans to prosper you and not to harm you, plans to give you hope and a future” (Jer. 29:11). The possibility I offered, though not provable in an absolute sense, was in keeping with the revealed intention God has for us. This change of perception changed the meaning, transforming the experience.

As counselors we walk hand in hand with the counselee. We “rejoice with those who rejoice, and mourn with those who mourn” (Rom. 12:15). As we work with the counselee, we enter into what he is experiencing. Then we cocreate with him a solution that is more in keeping with faith in God’s past preparation and with hope in the future that the Spirit is leading us to.

7. THE COUNSELEE IS NOT THE PROBLEM, THE PROBLEM IS

Psychopathology implies that personal problems are associated with mental diseases; e.g., the counselee *is* obsessive-compulsive, rather than the counselee is *acting* in an obsessive-compulsive fashion. The individual thus labeled may be unable to envision himself as having the ability to change. In SFPC problems do not necessarily indicate psychopathology.

Problems occur in the context of human interaction and, usually, problems “just happen.” Problem patterns include both behavior and perceptions. Both behaving differently and thinking differently are part of the process of change. It is more helpful to consider, “what gets in the way of the client’s finding or noticing solutions?” than “what causes this problem?”

Durrant, 1993, p. 12

Saying problems “just happen” is not to deny human culpability nor the free will God has given us. Nor should it ignore the consequences of sin. Rather, the context is usually that of a counselee who is trying quite hard to solve his problem; making the decision to come to a counselor reveals the intensity of his desire for change. But what he is doing so far has not been effective. Then, as most of us do at times, he does even more of what has not been working. He focuses on the problem and fails to see potential solutions.

Carl is a thirty-three-year-old man from a local church; he came to see me after seeing a psychiatrist. His family had set up the psychiatric visit, but he wanted to talk to a pastor. His minister referred him to me. He had been diagnosed as being obsessive-compulsive and was feeling discouraged.

The doctor had prescribed an antidepressant and referred him to a therapist who was expert in systematic behavioral treatment. The diagnosis and medication worried him, and this was the reason for his visit with me.

Carl maintained numerous rituals in order to support himself in regard to his interpersonal relationships. What had started as a helpful habit had become a burden. Now his compulsions were seriously hindering his relationship with his fiancée. He knew these rituals had gotten out of hand, but when he tried to interrupt them, the ensuing anxiety was unbearable. I listened as he explained not only his rituals but also his concerns regarding *being* obsessive-compulsive. He continued taking his medication as it offered him some relief and made him better able to make use of our time together. But this label had already served to lock him into the problem.

Although the DSM-4 designation was useful as a descriptive term, I did not believe it was helping therapeutically, so I *reframed* the problem, saying, "It's your habits pushing you around." During the interview we looked for times that his habits did not "push him around." These exceptions then became the focus of counseling. It turned out that there were plenty of such occasions, but he had not viewed them as significant. We continued to focus on exceptions to the problem, finding clues to the writing of the Spirit.

The initial goal had been to do more of what was working and to *observe* what was happening. *This began the process of changing his focus from his being the problem to the habits being the problem.* Each time I used a tracking scale (see chap. 11) to help visualize his progress. A 10 represented life without being beaten up by these fears, and a 1 represented how he was when we started. At the beginning of each session he reported movement up the scale. How he did so became the focus of that session.

After we met together four times, with two follow-up sessions six months later, he was focusing more on what he was doing when he was not being controlled by these habits. His "compulsions" were becoming less frequent and his *competency* and *confidence* were increasing. What had been labeled as a mental disorder was primarily an unsuccessful attempt to resolve difficulties (Watzlawick et al., 1974). Under his psychiatrist's supervision, the medication was decreased and finally dispensed with. Carl's despondency lifted as his capabilities increased.

If a counselee continues to view a problem situation in a certain way, it becomes increasingly difficult for him to gain a new perception. It is more useful to encourage the counselee to avoid doing "more of the same" (Watzlawick et al., 1974). Yet we live in a society where we are quite accustomed to going to experts to get help with any number of situations that we might face in life. In this case going to an expert counselor who views the counselee through the lens of psychopathology and whose paradigm results in deficiency language may result in the counselee's gaining "insight" that is actually a projection from the expert. It may not be valid for the counselee; however, once the diagnosis is accepted as true, he often acts accordingly, sometimes actually defending the label as a part of his identity.

This issue is especially prevalent in marital counseling. In this context it is the spouses who tend to view each other as the problem. Using labels such as dysfunctional, codependent, and emotionally dependent tend to turn the focus on one or both persons *as the problem*. Once again the problem has become squarely focused in a person. Of course,

both parties are more than ready to enter into this approach: "If my husband would only. . . ." "If my wife would only. . . ." It is the expectation of focusing on the problem that prevents many couples from seeking help: "We're just going to rehash all our problems with a stranger, and I don't need that."

In the vast majority of cases the primary problem is the way both parties are *interacting*. My standard comment to such couples is, "You are not the problem, and *you* are not the problem; your interaction is the problem." This frees both parties from viewing each other as the problem and makes them a team in dealing with a common problem—the *interaction*. Change the *interaction* in a deliberate way, jointly agreed upon, and the couple is on the way to a potential solution—a far more satisfying outcome.

When this occurs the counselee no longer views himself or another person *as the problem*, rather the *problem* is the problem. Instead of being disempowered, he has become empowered, creating a potential for rapid improvement. From a pastoral perspective, this is in keeping with *intentionality*. God's Spirit has brought about a new creation in Christ. As counselors we wish to help the counselee proceed forward into it.

8. THE COUNSELING RELATIONSHIP IS POSITIONAL

The psychotherapeutic idea of *resistance* is not a useful concept. *It implies that the client does not want to change* and is based on the dynamics of power and control in the counseling session. It is far more helpful to assume that the counselee wants something to change but may not perceive the change as within his control.

In one solution-focused approach the counselee is viewed as either a customer, a complainant, or a visitor (de Shazer, 1988, p. 42). These distinctions are not viewed as fixed characteristics. Rather, they are used as guidelines for describing *positions*, or possible positions, that the client may take during the counseling session. These positions are often a reaction to the perceived positions of the counselor. Like detectives we are alert to listen for indications of the counselee's position so as to identify his immediate level of cooperation regarding the counseling relationship.

Although I agree with this approach, I prefer different terms. As nouns they can imply a fixed state. I have observed them used in this fashion by clinicians as well. For example, the counselee can be viewed *as* a complainant and so be unintentionally labeled. A result may be

that the counselor responds to the counselee as being in that fixed state. This counters the intention of the designations.

I choose to make the terms grammatically descriptive. In this way they depict how a counselee is behaving *at the moment*. I have also used language that church counselors will be more at home with. Therefore, a customer is someone who is in a *willing position*; a complainant is someone who is in a *blaming position*; and, a visitor is someone who is in an *attending position*.

Question: So, how many therapists does it take to screw in a light bulb? Answer: Just one . . . but the light bulb has to be willing. It is an old joke, but one that seems fitting to the situation. Being willing is also the most important prerequisite to spiritual growth.

A counselee who is in a *willing* position is one who enters the interview with a clear problem. It could be about someone else or about himself. It is possible in the initial conversation to get a clear picture of the situation and understand that the counselee is ready to do something about it. As the description implies, the counselee is willing to try doing something different because what he is presently doing is not working. He wants to work with the counselor to resolve the problem. Appraising willingness, as well as looking for clues to exceptions, is a primary task of the "attentive listening" portion of the interview.

A counselee who is in a *blaming* position is one who comes to the interview with a great deal of information about a problem someone else has. This person does not see himself as part of the solution. A wife may come in to see the pastor with a problem regarding her husband or child. The person in a blaming position knows a great deal about the situation and can help the counselor better understand it. But *he wants the other person to be different*. The other person is defined as the problem. The counselee views himself as waiting helplessly for this person to change. He is convinced that the other person must change before the relationship can change.

By contrast, the counselee may see himself as a victim of his situation or his past. He may have come to believe, perhaps having been told by another counselor or the media, that he has a psychiatric disorder or disease. Either way, the solution is viewed as outside of himself. He does not perceive himself as capable of achieving a positive outcome.

A counselee who is in an *attending* position is one who comes to the interview unwillingly. This could be a spouse who dutifully comes to counseling to please his or her partner. Or it could be a child

seeing a counselor because of the parents' or teacher's wishes. On rare occasions it could be someone whom the court ordered into therapy, with the court approving a church counselor to do the counseling. Either way, it is not the counselee's intention to be in counseling. He is there because someone else wants him there. He is uncommitted and often uninvolved in therapy. Others may see him as needing counseling, but he has no goal or agenda to discuss with the counselor.

Again, these distinctions are not viewed as fixed characteristics. They are guidelines for describing positions or possible positions the client may take during the counseling session in relationship to the perceived attitude of the counselor. They represent the counselee's *level of cooperation* regarding the counseling relationship. SFPC seeks to discover ways that encourage the counselee to become a *willing* participant in the counseling process. This is accomplished by coming alongside the counselee's goals, at whatever level of cooperation he may be able to offer.

For example, Johnny, age fourteen, was brought in to see me by his parents. In the initial interview he sat quietly as Mom and Dad described the aspects of his behavior that they were not pleased with. At this juncture the parents were in a *blaming* position and Johnny was simply *attending*. When I saw Johnny alone, I asked him what his reason was for seeing me.

"My Mom and Dad made me come," he said.

"What do you think are your parents' reasons for wanting us to talk together?" I wondered. Johnny gave some of the obvious reasons; he had heard them again and again. Picking up on his *attending* position, as well as doing a little "subliminal seeding" I asked, "I know the Bible says to honor your father and your mother, but sometimes it's real hard isn't it?" Johnny simply smiled in agreement.

"It must be a pain having your parents on your back all the time," I said. "Would you like me to try to get them off your back?"

"Sure, but how?" was Johnny's simple reply. He has also now moved momentarily into a more *willing* position, since we were talking about something that concerned him.

"Well, one way to get your parents off your back is to prove them wrong, like showing them you are not such a problem all the time and taking some responsible steps to turn this thing around. Can you think of some steps you could take to prove your parents wrong about you?"

As Johnny began to describe some of the things he could do, he started to develop a workable goal that he could take ownership of. His

task would be to do a little of this and see what happens. Afterward, when I spoke to his parents privately, I asked them to look for changes in Johnny's attitude or behaviors in the coming week. Look for the things he is doing that you would like him to continue to do. Mom and Dad said they were *willing* to do this simple goal. Johnny's parents are now actively looking for his good aspects (no matter how deeply hidden!) at the same time that Johnny is going to be trying to "prove them wrong." Both parents and teen are now in a *willing* position regarding these simple, initial counseling goals.

9. THE COUNSELOR'S FOCUS IS ON SOLUTIONS

There are three rules that have been formulated to help a counselor stay more focused on solutions. They can be stated in this fashion:

Rule one: "If it's not broken, don't fix it!"

Rule two: "Once you know what works, do more of it!"

Rule three: "If it doesn't work, don't do it again. Do something different!"

I have found these rules helpful and actually quite profound. They pass the "common sense test." Many people live this way without realizing it, but they do not see their behavior as meaningful. When used as a way to stay focused in the counseling interview, these rules are highly beneficial. But they need not be viewed as rules—rather, they are guidelines that inform the counseling relationship. They are assumptions that influence the way the *counselor thinks* about counseling.

The first guideline simply reminds the counselor to find out what the counselee wants. The church counselor can fall into the same trap that many professional therapists fall into—that is, seeing himself as an expert. The counselee has come for help. That puts the counselor into an expert position. This is not a helpful position to be in. No matter how much theological or psychological training a counselor may have had, he is not an expert on the counselee. As we have said before, each counselee is unique, and only God knows the whole story about him.

The counselor who operates from an expert approach tends to get into situations that require greater and greater use of personal experience. He is forced to rely on his own personal constructs, i.e., the way *he* makes sense of life, viewing the counselee through his own lens, his own perceptions. For example, pastors are accustomed to having a certain amount of freedom in telling people what they should do, but this is not always necessary to counsel effectively. Yet the counselee is

often willing to be led by an expert. Our culture has prepared him for this attitude. It also puts the burden of responsibility on the expert to fix the problem.

But when the counselor's admonitions or assignments miss the mark, it is because they have not proceeded from the counselee's goal for seeking counsel. The "expert" may blame the counselee for any lack of success in the counseling. He is resistant, or he is holding on to a sinful lifestyle. He is not ready to get serious with God. However, the counselee may blame the "expert." He may think to himself, *If he were a better counselor I would not still be having all these problems.* Not only is this approach not helpful for the counselee, it is also very fatiguing to the counselor.

What is the counselee's goal in coming for counseling? How can this goal be utilized to create a solution? Often, the counselee comes into the counseling interview telling us what he *does not want*. He has become so problem-focused that he only knows he wants the pain or frustration to stop. The task of SFPC is to help the counselee define what he *does want* and then help "craft" that goal into a workable solution. This will not happen if the counselor's personal intentions override the counselee's goals.

The second guideline, "Once you know what works, do more of it," seems apparent. Look for what God has already placed into the counselee's life that is working and do more of that. Yet, even though the Bible teaches us to look to God for our strength, much of our training has prepared us to look for what is wrong. We tell ourselves that when we find out what the problem is, we can begin to fix it. *The difficulty is that you can rarely get two people to agree on what the problem is!* This is one of the most frustrating aspects of family or marital counseling when the methodology is problem-focused.

We need to specifically train ourselves to look for what is right, what is working for the counselee. Once an exception to the problem is discovered, the goal of counseling is more readily clarified. The basic assumption is that if it's not working, you should stop doing it. If it is working, you should do more of it.

The third guideline, "If it doesn't work, don't do it again. Do something different," is the opposite of the old adage "If at first you don't succeed, try, try again." We have grown up on stories that teach persistence and tenacity—good qualities indeed, but not in the face of methods that are not working. It is the counselee's own paradigm that blinds him to other options.

I am reminded of a mother who came with her thirteen-year-old daughter to another solution-focused counselor. The relationship between mother and daughter was suffering, and the mother did not know what else to do. When they fought, it usually ended in a physical altercation. During the course of the counseling interview the mother was asked if what she was doing was working. She said it was not, but in desperation she wondered what else she could do. The counselor suggested doing something different, anything different. In keeping with this advice, this mom came upon the idea of dancing whenever she was getting ready to begin yelling. Where this idea originated is anyone's guess, but since it was her idea, it was worth trying.

As it turned out, this so surprised her daughter that it interrupted the *pattern* that was leading to the terrible fights. Mom was no longer “dancing the fight dance” with her daughter—she was actually dancing! Therefore, her daughter had no one to fight with. This gave room for the Spirit to intervene, and it opened the door for more constructive solutions in counseling. Her daughter thought mom had “gone crazy,” but she was smiling when she said it.

SUMMARY

Here again, with brief summary statements, are the nine assumptions that help form the attitudes that solution-focused church counselors have regarding the counseling process:

1. God Is Already Active in the Counselee

This truth is vital in determining whether we, as church counselors, are going to trust what God has already been doing in the counselee. When we do, we begin to look for clues, e.g., the writing of the Spirit, grace events, strengths, exceptions to the problem—all to discover how God has already been guiding and preparing him. There are capabilities within the counselee that God has already revealed in his past that will help him effectively manage a specific problem in a way that is pleasing to God. We look for these clues and build upon them, rather than focusing on the problems.

2. Complex Problems Do Not Demand Complex Solutions

No matter what the problem may be that is bringing individuals into counseling, that problem does not happen all the time. There are good times, times in their lives when they are happy. The problem does not need to be clearly defined for effective counseling to take place.

Quite often it cannot be clearly defined. Rather, it is the solution that needs to be clearly defined. I would rather ask what is different about the times when this problem does not occur. I am looking for evidence the Spirit has already placed in the counselee's life—clues to ways of getting unstuck.

3. Finding Exceptions Helps Create Solutions

Finding the writing of the Spirit demands a shift in paradigms from a problem focus to a solution focus. Exceptions to every problem can be developed by the counselor and counselee, and these can be used to develop goals and outcomes. These exceptions to the problem need to be clarified; they form the initial goal for counseling. They represent God's finger pointing to the inner capabilities that He has placed within the counselee.

4. The Counselee Is Always Changing

Change in our lives is a constant occurrence. The counselor conducts the session expecting change to occur and focusing on change talk. It is more helpful to think about *when* the change will occur rather than *if* it will occur. Small change often leads to bigger change.

5. The Counselee Is the Expert and Defines Goals

When the counselee chooses the goal and works on it together with the counselor, he is more likely to succeed. When we acknowledge the counselee as the expert, we are recognizing that there is a resourcefulness that proceeds from his own personal history and grace events. Since we are not specifically looking for the cause of the problem, we can assist the counselee in getting on track toward creative solutions.

6. Solutions Are Cocreated

We each are creating our own reality, which in turn takes hold of who we are. As church counselors, our task is to cocreate with the counselee a reality in which there is an opportunity for positive change. We work through what God has already been doing and seek to move the counselee forward toward his goal.

7. The Counselee Is Not the Problem, the Problem Is

Problems do not indicate psychopathology. Problems occur in the setting of human interaction and, usually, just happen. Both behaving differently and thinking differently are part of the process of change. It

is more helpful to consider what gets in the way of finding or noticing solutions than what causes the problem.

8. The Counseling Relationship Is Positional

We describe how a counselee is behaving by using language that depicts the position the counselee is in at the moment. Someone who is in a *willing position* has a clear sense of the problem and is ready to work with the counselor toward solution. Someone who is in a *blaming position* has a great deal of information about the other person but does not see himself as part of the solution. Someone who is in an *attending position* is there because someone else wants him there. He is uncommitted and often uninvolved in therapy. Others may see him as needing counseling but he has no goal or agenda to express to the counselor.

SFPC seeks to discover ways that every counselee can become a *willing* participant in the counseling process. This is accomplished by coming alongside the counselee's goals, at whatever level of cooperation he may be able to offer initially.

9. The Counselor's Focus Is on Solutions

Basic guidelines for staying solution-focused in counseling are these: If it's not broken, don't fix it; once you know what works, do more of it; and if it doesn't work, don't do it again—do something different. These guidelines are used as a way to stay focused in the counseling interview, and they inform the counseling relationship. It is the way the counselor *thinks* about counseling. ■