CHAPTER 15

STEP II-A: "WHAT DO I NEED AND WANT?" POSSIBILITIES FOR A BETTER FUTURE

POSSIBILITIES FOR A BETTER FUTURE

The goal of Step II-A is to help clients develop a sense of direction by exploring possibilities for a better future. I once was sitting at the counter of a late-night diner when a young man sat down next to me. The conversation drifted to the problems he was having with a friend of his. I listened for a while and then asked, "Well, if your relationship was just what you wanted it to be, what would it look like?" It took him a bit to get started, but eventually he drew a picture of the kind of relationship he could live with. Then he stopped, looked at me, and said, "You must be a professional." I believe he thought that because this was the first time in his life that anyone had ever asked him to describe some possibilities for a better future.

Too often the exploration and clarification of problem situations are followed, almost immediately, by the search for solutions in the secondary sense—actions that will help deal with the problem or develop the opportunity. But in many ways, outcomes are more important than actions. *What will be in place* once those actions are completed? As we saw in the last chapter, failure to specify outcomes is one of the major decision-making traps. The outcome is a Solution with a big S, while the actions leading to this outcome constitute a solution with a small s. There is great power in visualizing outcomes, just as there is a danger in formulating action strategies before getting a clear idea of desired outcomes. Stage II is about identifying or visualizing desired results, outcomes, or accomplishments. Step II-A is about envisioning possibilities. Stage III is about strategies, actions, and plans for delivering those outcomes. From another point of view, Stages II and III are about hope.

The Psychology of Hope

Hope as part of human experience is as old as humanity. Who of us has not started sentences with "I hope . . ."? Who of us has not experienced hope or lost hope? Hope also has a long history as a religious concept. St. Paul said, "Hope that centers around things you can see is not really hope," thus highlighting the element of uncertainty. If you know that tomorrow you will receive the Oscar, you can no longer hope for it. You know it's a sure thing. Hope plays a key role in both developing and implementing possibilities for a better future. An Internet search reveals that scientific psychology is more interested in hope than one might initially believe (Erickson, Post & Page, 1975; Stotland, 1969). As mentioned earlier, Rick Snyder has written extensively about the positive and negative uses of excuses in everyday life (Snyder, 1988; Snyder, Higgins, & Stucky, 1983) and has become a kind of champion for hope (McDermott & Snyder, 1999; Snyder, McDermott, Cook, & Rapoff, 1997; Snyder, 1994a, 1994b, 1995, 1998; Snyder, Michael, & Cheavens, 1999). Indeed, he linked excuses and hope in an article entitled "Reality negotiation: From excuses to hope and beyond" (1988). He has also developed scales for measuring both dispositional hope (Snyder et al., 1991) and state hope (Snyder et al., 1996). For a full bibliography for Snyder's work on hope, go to http://www.psych.ukans.edu/faculty/rsnyder/hoperesearch.htm.

The nature of hope. Snyder starts with the premise that human beings are goal directed. Hope, according to Snyder, is the process of thinking about one's goals—

Serena is determined that she will give up smoking, drinking, and soft drugs now that she is pregnant—of having the will, desire, or motivation to move toward these goals— Serena is serious about her goal because she has seen the damaged children of mothers on drugs and she is also, at heart, a decent, caring person—and of thinking about the strategies for accomplishing one's goals—Serena knows that two or three of her friends will give her the support she needs, and she is willing to join an arduous 12-step program to achieve her goal. Serena is hopeful. If we say that Serena has "high hopes," we mean that her goal is clear, her sense of agency (or urgency) is high, and that she is realistic in planning the pathways to her goal. Both a sense of agency and some clarity around pathways are required. Hope, of course, has emotional connotations. It is not a free-floating emotion. Rather it is the byproduct or outcome of the work of setting goals, developing a sense of agency, and devising pathways to the goal. Serena feels a mixture of positive emotions—elation, determination, satisfaction— knowing that "the will" (agency) and "the way" (pathways) have come together. Success is in sight even though she knows that there will be barriers—for instance, the ongoing lure of tobacco, wine, and soft drugs.

The benefits of hope. Snyder (1995) has combed the research literature to dis-cover the benefits of hope as he defines it. Here is what he has found:

> The advantages of elevated hope are many. Higher as compared with lower hope people have a greater number of goals, have more difficult goals, have success at achieving their goals, perceive their goals as challenges, have greater happiness and less distress, have superior coping skills, recover better from physical injury, and report less burnout at work, to name but a few advantages (pp. 357–358).

Counselors who do not spend a significant part of their time with clients helping them develop possibilities, clarify goals, devise strategies or pathways, and develop the sense of agency needed to bring all this to fruition are certainly shortchanging their clients. Because Stages II and III deal with possibilities, goals, commitment, pathways, and overcoming barriers, they could be named "ways of nurturing hope."

Possible Selves

One of the characters in Gail Godwin's 1985 novel The Finishing School warns against getting involved with people who have "congealed into their final selves." Clients come to helpers not necessarily because they have congealed into their fi-nal selves—if this is the case, why come at all?—but because they are stuck in their current selves. Counseling is a process of helping clients get "unstuck" and develop a sense of direction. Consider the case of Ernesto. He was very young but very stuck for a variety of sociocultural and emotional reasons.

A counselor first met Ernesto in the emergency room of a large urban hospital. He was throw-ing up blood into a pan. He was a member of a street gang, and this was the third time he had been beaten up in the last year. He had been so severely beaten this time that it was likely that he would suffer permanent physical damage. Ernesto's style of life was doing him in, but it was the only one he knew. He was in need of a new way of living, a new scenario, a new way of par-ticipating in city life. This time he was hurting enough to consider the possibility of some kind of change.

Markus and Nurius (1986) use the term possible selves to represent "individuals' ideas of what they might become, what they would like to become, and what they are afraid of becoming" (p. 954). The counselor worked with Ernesto not by help-ing him explore the complex sociocultural and emotional reasons he was in this fix but principally by helping him explore his "possible selves" to discover a different purpose in life, a different direction, a different lifestyle. Step II-A is about possible selves. The notion of possible selves has captured the imagination of many helpers and of those interested in human development such as teachers (Cameron, 1999; Cross & Marcus, 1994; Hooker, Fiese, Jenkins, Morfei, & Schwagler, 1996; Strauss & Goldberg, 1999). Enter the term possible selves into an Internet search engine and you will find all sorts of examples of how helpers and teachers have been using this concept. In Step II-A, your job is to help clients discover their possible selves.

SKILLS FOR IDENTIFYING POSSIBILITIES
FOR A BETTER FUTURE

At its best, counseling helps clients move from problem-centered mode to discov-ery mode. Discovery mode involves creativity and divergent thinking. However, according to Sternberg and Lubart (1996), creativity is one of those topics in which psychology has underinvested. They present six reasons why they think this is so. Dean Simonton (2000) reviews advances in our understanding and use of creativity as part of positive psychology. However, according to Taylor, Pham, Rivkin, and Armor (1998), not just any kind of mental stimulation will do. Men-tal stimulation is help to the degree that it "provides a window on the future by enabling people to envision possibilities and develop plans for bringing those pos-sibilities about. In moving oneself from a current situation toward an envisioned future one, the anticipation and management of emotions and the initiation and maintenance of problem-solving activities are fundamental tasks" (p. 429). This kind of thinking moves in the same direction as Snyder's. Not just fantasy. Not just rumination. The full problem-management and opportunity-development frame-work helps clients, to use Simonton's phrase, "harness the imagination."

Creativity and Helping

One of the myths of creativity is that some people are creative and others are not. Clients, like the rest of us, can be more creative than they are. It is a question of finding ways to help them be so. Stages II and III help clients tap into their dormant creativity. A review of the requirements for creativity shows, by implication, that people in trouble often fail to use whatever creative resources they might have (see Cole & Sarnoff, 1980; Robertshaw, Mecca, & Rerick, 1978, pp. 118–120). These are the characteristics of the creative person:

- Optimism and confidence—whereas clients are often depressed and feel powerless.
- Acceptance of ambiguity and uncertainty—whereas clients may feel tortured by ambiguity and uncertainty and want to escape from them as quickly as possible.

- A wide range of interests—whereas clients may be people with a narrow range of interests or whose normal interests have been severely narrowed by anxiety and pain.
- Flexibility—whereas clients may have become rigid in their approach to themselves, others, and the social settings of life.
- Tolerance of complexity—whereas clients are often confused and looking for simplicity and simple solutions.
- Verbal fluency—whereas clients are often unable to articulate their problems, much less their goals and ways of accomplishing them.
- Curiosity—whereas clients may not have developed a searching approach to life or may have been hurt by being too venturesome.
- Drive and persistence—whereas clients may be all too ready to give up.
- Independence—whereas clients may be quite dependent or counterdependent.
- Nonconformity or reasonable risk taking—whereas clients may have a history of being very conservative and conformist, or they may get into trouble with others and with society precisely because of their particular brand of nonconformity.

A review of some of the principal obstacles or barriers to creativity (see Azar, 1995) brings further problems to the surface. Here are some of the things that can hinder innovation:

- Fear—clients are often quite fearful and anxious.
- Fixed habits—clients may have self-defeating habits or patterns of behavior that may be deeply ingrained.
- Dependence on authority—clients may come to helpers looking for the "right answers" or be quite counterdependent (the other side of the dependence coin) and fight efforts to be helped with a variety of games.
- Perfectionism—clients may come to helpers precisely because they are hounded by this problem and can accept only ideal or perfect solutions.
- Social networks—being "different" sets clients apart when they want to belong.

It is easy to say that imagination and creativity are most useful in Stages II and III, but it is another thing to help clients stimulate their own, perhaps dormant creative potential.

Divergent Thinking

Many people habitually take a convergent-thinking approach to problem solving; that is, they look for the "one right answer." Such thinking has its uses, of course. However, many of the problem situations of life are too complex to be handled by convergent thinking. Such thinking limits the ways in which people use their own and environmental resources.

On the other hand, divergent thinking—thinking "outside the box"—assumes that there is always more than one answer. De Bono (1992) calls it "lateral think-

ing." In helping, that means more than one way to manage a problem or develop an opportunity. Unfortunately, divergent thinking, as helpful as it can be, is not always rewarded in our culture and sometimes is even punished. For instance, students who think divergently can be thorns in the sides of teachers. Some teachers feel comfortable only when they ask questions in such a way as to elicit the "one right answer." When students who think divergently give answers that are different from the ones expected, even though their responses might be quite useful (perhaps more useful than the expected responses), they may be ignored, corrected, or punished. Students too often learn that divergent thinking is not rewarded, at least not in school, and they may generalize their experience and end up thinking that it is simply not a useful form of behavior. Consider the following case:

> Quentin wanted to be a doctor, so he enrolled in the pre-med program at school. He did well but not well enough to get into medical school. When he received the last notice of refusal, he said to himself, "Well, that's it for me and the world of medicine. Now what will I do?" When he graduated, he took a job in his brother-in-law's business. He became a manager and did fairly well financially, but he never experienced much career satisfaction. He was glad that his marriage was good and his home life rewarding, because he derived little satisfaction from his work.

Not much divergent thinking went into handling this problem situation. No one asked Quentin what he really wanted. For Quentin, becoming a doctor was the "one right career." He didn't give serious thought to any other career related to the field of medicine, even though there are dozens and dozens of interesting and challenging jobs in the field of health care.

The case of Caroline, who also wanted to become a doctor but failed to get into medical school, is quite different from that of Quentin.

> Caroline thought to herself, "Medicine still interests me; I'd like to do something in the health field." With the help of a medical career counselor, she reviewed the possibilities. Even though she was in pre-med, she had never realized that there were so many careers in the field of medicine. She decided to take whatever courses and practicum experiences she needed to become a nurse. Then, while working in a clinic in the hills of Appalachia—an invaluable experience for her—she managed to get an MA in family-practice nursing by attending a nearby state university part time. She chose this specialty because she thought that it would enable her not only to be closely associated with delivery of a broad range of services to patients but also to have more responsibility for the delivery of these services.
> When Caroline graduated, she entered private practice with a doctor as a nurse practitioner in a small Midwestern town. Because the doctor divided his time among three small clinics, Caroline had a great deal of responsibility in the clinic where she practiced. She also taught a course in family-practice nursing at a nearby state school and conducted workshops in holistic approaches to preventive medical self-care. Still not satisfied, she began and finished a doctoral program in practical nursing. She taught at a state university and continued her practice. Needless to say, her persistence paid off with an extremely high degree of career satisfaction.

A successful professional career in health care always remained Caroline's aim. Using a great deal of divergent thinking and creativity, Caroline elaborated that aim into specific goals and came up with the courses of action to accomplish them. But for every success story, there are many more failures. Quentin's case is probably the norm, not Caroline's. For many, divergent thinking is either uncomfortable or too much work.

Brainstorming: A Tool for Divergent Thinking

One excellent way of helping clients think divergently and more creatively is brainstorming. Brainstorming is a simple idea-stimulation technique for exploring the elements of complex situations. Brainstorming in Stages II and III is a tool for helping clients develop both possibilities for a better future and ways of accomplishing goals.

There are certain rules that help make this technique work: suspend judgment, produce as many ideas as possible, use one idea as a takeoff point for others, get rid of normal constraints to thinking, and produce even more ideas by clarifying items on the list. Here, then, are the rules.

Suspend your own judgment, and help clients suspend theirs. When brainstorming, do not let clients criticize the ideas they are generating and, of course, do not criticize them yourself. There is some evidence that this rule is especially effective when the problem situation has been clarified and defined and goals have not yet been set. In the following example, a woman whose children are grown and married is looking for ways of putting meaning into her life.

CLIENT: One possibility is that I could become a volunteer, but the very word makes me sound a bit pathetic.

HELPER: Add it to the list. Remember, we'll discuss and critique them later.

Having clients suspend judgment is one way of handling the tendency on the part of some to play a "Yes, but" game with themselves. That is, they come up with a good idea and then immediately show why it isn't really a good idea, as in the preceding example. By the same token, avoid saying such things as "I like that idea," "This one is useful," "I'm not sure about that idea," or "How would that work?" Premature approval and criticism cut down on creativity. A marriage counselor was helping a couple brainstorm possibilities for a better future. When Nina said, "We will stop bringing up past hurts," Tip, her husband, replied, "That's your major weapon when we fight. You'll never be able to give that up." The helper said, "Add it to the list. We'll look at the realism of these possibilities later on."

Encourage clients to come up with as many possibilities as possible. The principle is that quantity ultimately breeds quality. Some of the best ideas come along later in the brainstorming process. Cutting the process short can be self-defeating. In the following example, a man in a sex-addiction program has been brainstorming activities that might replace his preoccupation with sex.

CLIENT: Maybe that's enough. We can start putting it all together.

HELPER: It doesn't sound like you were running out of ideas.

CLIENT: I'm not. It's actually fun. It's almost liberating.

HELPER: Well, let's keep on having fun for a while.

CLIENT (pausing): Ha! I could become a monk.

Later on, the counselor, focusing on this "possibility," asked, "What would a modern-day monk who's not even a Catholic look like?" This helped the client explore the concept of sexual responsibility from a completely different perspective and to rethink the place of religion and service to others in his life. And so, within reason,

the more ideas the better. Helping clients identify many possibilities for a better future increases the quality of the possibilities that are eventually chosen and turned into goals. In the end, however, do not invoke this rule for its own sake. Possibility generation is not an end in itself. Use your clinical judgment, your social intelligence, to determine when enough is enough. If a client wants to stop, often it's best to stop.

Help clients use one idea to stimulate others. This is called piggybacking. Without criticizing the client's productivity, encourage him or her both to develop strategies already generated and to combine different ideas to form new possibilities. In the following example, a client suffering from chronic pain is trying to come up with possibilities for a better future.

CLIENT: Well, if there is no way to get rid of all the pain, then I picture myself living a full life without pain at its center.

HELPER: Expand that a bit for me.

CLIENT: The papers are filled with stories of people who have been living with pain for years. When they're interviewed, they always look miserable. They're like me. But every once in a while there is a story about someone who has learned how to live creatively with pain. Very often they are involved in some sort of cause which takes up their energies. They don't have time to be preoccupied with pain.

A client with multiple sclerosis brought up this possibility: "I'll have a friend or two with whom I can share my frustrations as they build up." When the helper asked, "What would that look like?" the client replied, "Not just a complaining session or just a poor-me thing. It would be a normal part of a give-and-take relationship. We'd be sharing both joys and pain of our lives like other people do."

Help clients let themselves go and develop some "wild" possibilities. When clients seem to be "drying up" or when the possibilities being generated are quite pedestrian, you might say, "Okay, now draw a line under the items on your list and write the word 'Wild' under the line. Now let's see if you can come up with some really wild possibilities." Later, it is easier to cut suggested possibilities down to size than to expand them. The wildest possibilities often have within them at least a kernel of an idea that will work. In the following example, an older single man who is lonely is exploring possibilities for a better future.

CLIENT: I can't think of anything else. And what I've come up with isn't very exciting.

HELPER: How about getting a bit wild? You know, some crazy possibilities.

CLIENT: Well, let me think. . . . I'd start a commune and would be living in it. . . . And . . .

Clients often need permission to let themselves go, even in harmless ways. They repress good ideas because they might sound foolish. Helpers need to create an atmosphere where such apparently foolish ideas will be not only accepted but also encouraged. Help clients come up with conservative possibilities, liberal possibilities, radical possibilities, and even outrageous possibilities.

It's not always necessary to use brainstorming explicitly. As a helper, you can keep these rules in mind and then, by sharing highlights and using probes, get clients to brainstorm even though they don't know that's what they're doing. A brainstorming mentality is useful throughout the helping process.

Future-Oriented Probes

One way of helping clients invent the future is to ask them, or get them to ask themselves, future-oriented questions related to their current unmanaged problems or undeveloped opportunities. By asking any of the following questions, helpers can encourage clients to find answers to the broader questions "What do I want?" and "What do I need?" These questions focus on outcomes—that is, on what will be in place after the clients act.

- *What would this problem situation look like if you were managing it better?* Ken, a college student who has been a "loner," has been talking about his general dissatisfaction with his life. In answer to this question, he said, "I'd be having fewer anxiety attacks. And I'd be spending more time with people rather than by myself."

- *What changes in your present lifestyle would make sense?* Cindy, who described herself as a "bored homemaker," replied, "I would not be drinking as much. I'd be getting more exercise. I would not sit around and watch the soaps all day. I'd have something meaningful to do."

- *What would you be doing differently with the people in your life?* Lon, a graduate student at a university near his parents' home, realized that he had not yet developed the kind of autonomy suited to his age. He mentioned these possibilities: "I would not be letting my mother make my decisions for me. I'd be sharing an apartment with one or two friends."

- *What patterns of behavior would make life better?* Bridget, a depressed resident in a nursing home, had this suggestion: "I'd be engaging in more of the activities offered here in the nursing home." Rick, who is suffering from lymphoma, says, "Instead of seeing myself as a victim, I'd be on the Web finding out every last thing I can about this disease and how to deal with it. I know there are new treatment options. And I'd also be getting a second or third opinion. You know, I'd be managing my lymphoma instead of just suffering from it."

- *What current patterns of behavior would you eliminate?* Bridget, a resident in a nursing home, adds these to her list: "I would not be putting myself down for incontinence I cannot control. I would not be complaining all the time. It gets me and everyone else down!"

- *What would you have that you don't have now?* Sissy, a single woman who has lived in a housing project for 11 years, said, "I'd have a place to live that's not rat infested. I'd have some friends. I wouldn't be so miserable all the time." Drew, a man tortured by perfectionism, muses, "I'd be wearing sloppy clothes, at least at times, and like it. More than that, I'd have a more realistic sense of the world and my place in it. The world is messy, it's chaotic much of the time. I'd find the beauty in the chaos."

- *What accomplishments would you have that you don't have now?* Ryan, a divorced man in his mid-thirties, said, "I'd have my degree in practical nursing. I'd be doing some part-time teaching. I'd be close to someone that I'd like to marry."

- *What would this opportunity look like if you developed it?* Enid, a woman with a great deal of talent who has been given one modest promotion in her company but who feels like a second-class citizen, had this to say: "In two years I'll be an officer of this company or have a very good job in another firm."

It is a mistake to suppose that clients will automatically gush with answers. Ask the kinds of questions just listed, or encourage them to ask themselves the questions, but then help them answer them. Create the therapeutic dialogue around possibilities for a better future. Many clients don't know how to use their innate creativity. Thinking divergently is not part of their mental lifestyle. You have to work with clients to help them produce some creative output. Some clients are reluctant to name possibilities for a better future because they sense that this will bring more responsibility. They will have to move into action mode.

Exemplars and Models as Sources of Possibilities

Some clients can see future possibilities better when they see them embodied in others. You can help clients brainstorm possibilities for a better future by helping them identify exemplars or models. By models I don't mean superstars or people who do things perfectly. That would be self-defeating. In the next example, a marriage counselor is talking with a middle-aged, childless couple. They are bored with their marriage. When he asked them, "What would your marriage look like if it looked a little better?" he could see that they were stuck.

COUNSELOR: Maybe the question would be easier to answer if you reviewed some of your married relatives, friends, or acquaintances.

WIFE: None of them have super marriages. [Husband nods in agreement.]

COUNSELOR: No, I don't mean super marriages. I'm looking for things you could put in your marriage that would make it a little better.

WIFE: Well, Fred and Lisa are not like us. They don't always have to be doing everything together.

HUSBAND: Who says we have to be doing everything together? I thought that was your idea.

WIFE: Well, we always are together. If we weren't always together, we wouldn't be in each other's hair all the time.

COUNSELOR: All right, who else do you know who are doing things in their marriage that appeal to you. Anyone.

HUSBAND: You know Ron and Carol do some volunteer work together. Ron was saying that it gets them out of themselves. I bet they have better conversations because of it.

COUNSELOR: Now we're cooking. . . . What else? What couple do you find the most interesting?

Even though it was a somewhat torturous process, these two people were able to come up with a range of possibilities for a better marriage. The counselor had them write them down so they wouldn't lose them. At that point, the purpose was not to get the clients to commit themselves to the possibilities but to identify them.

In the following case, the client finds herself making discoveries by observing people she had not identified as models at all:

Fran, a somewhat withdrawn college junior, realizes that when it comes to interpersonal competence, she is not ready for the business world she intends to enter when she graduates. She

wants to do, something about her interpersonal style and a few nagging personal problems. She sees a counselor in the Office of Student Services. After a couple of discussions with him, she joins a "lifestyle" group on campus that includes some training in interpersonal skills. Even though she expands her horizons a bit from what the members of the group say about their experiences, behaviors, and feelings, she tells her counselor that she learns even more by watching her fellow group members in action. She sees behaviors that she would like to incorporate in her own style. A number of times she says to herself in the group, "Ah, there's something I never thought of." Without becoming a slavish imitator, she begins to weave some of the patterns she sees in others into her own style.

Models or exemplars can help clients name what they want more specifically. Models can be found anywhere: among the client's relatives, friends, and associates, in books, on television, in history, in movies. Counselors can help clients identify models, choose those dimensions of others that are relevant, and translate what they see into realistic possibilities for themselves.

Lockwood and Kunda (1999) have shown that, under normal circumstances, individuals can be inspired by role models so that their motivation and self-evaluations are enhanced. But not always. Bringing up role models with people who have been reviewing "best past selves" has a way of deflating people. Their best can pale in comparison with the model. Their best is none too good. This is important because in solution-focused therapies, reviewing past successes is an important part of the process. In addition, if people are asked to come up with ideas about their "best possible selves" and then are asked to review what they like about a role model, their ability to draw inspiration from the role model is impaired. In sum, using role models as sources of inspiration certainly works, but it can be tricky.

CASES FEATURING POSSIBILITIES FOR A BETTER FUTURE

Here are a couple of cases that illustrate how helping clients develop possibilities for a better future had a substantial impact.

The Case of Brendan: Dying Well

Brendan, a heavy drinker, had extensive and irreversible liver damage and it was clear that he was getting sicker. But he wanted to "get some things done" before he died. Brendan's action orientation helped a great deal. Over the course of a few months, a counselor helped him to name some of the things he wanted before he died or on his journey toward death. Brendan came up with the following possibilities:

- "I'd like to have some talks with someone who has a religious orientation, like a minister. I want to discuss some of the 'bigger' issues of life and death."
- "I don't want to die hopeless. I want to die with a sense of meaning."
- "I want to belong. You know, to some kind of community, people who know what I'm going through but are not sentimental about it. People not disgusted with me because of the way I've done myself in."
- "I'd like to get rid of some of my financial worries."
- "I'd like a couple of close friends with whom I could share the ups and downs of daily life. With no apologies."

Box 15-1   Questions for Exploring Possibilities

Help clients ask themselves these kinds of questions:

- What are my most critical needs and wants?
- What are some possibilities for a better future?
- What outcomes or accomplishments would take care of my most pressing problems?
- What would my life look like if I were to develop a couple of key opportunities?
- What should my life look like a year from now?
- What should I put in place that is currently not in place?
- What are some wild possibilities for making my life better?

- "As long as possible, I'd like to be doing some kind of productive work, whether paid or not. I've been a flake. I want to contribute, even if in just an ordinary way."
- "I need a decent place to live, maybe with others."
- "I need decent medical attention. I'd like a doctor who has some compassion. One who could challenge me to live until I die."
- "I need to manage these bouts of anxiety and depression better."
- "I want to be get back with my family again. I want to hug my dad. I want him to hug me."
- "I'd like to make peace with one or two of my closest friends. They more or less dropped me when I got sick. But at heart, they're good guys."
- "I want to die in my home town."

Of course, Brendan didn't name all these possibilities at once. Through understanding and probes, the counselor helped name what he needed and wanted and then helped him stitch together a set of goals from these possibilities (Stage II) and ways of accomplishing them (Stage III). Box 15-1 outlines the kinds of questions you can help clients ask themselves to discover possibilities for a better future.

The Washington Family Case

This case is more complex because it involves a family. Not only does the family as a unit have its wants and needs, but also each individual member has his or her own. Therefore, it is even more imperative to review possibilities for a better future so that competing needs can be reconciled.

Lane, the 15-year-old son of Troy and Rhonda Washington, was hospitalized with what was diagnosed as an acute schizophrenic attack. He had two older brothers, both teenagers, and two

younger sisters, one 10 and one 12, all living at home. The Washingtons lived in a large city. Although both parents worked, their combined income still left them pinching pennies. They also ran into a host of problems associated with their son's hospitalization: the need to arrange ongoing help and care for Lane, financial burdens, behavioral problems among the other siblings, marital conflict, and stigma in the community ("They're a funny family with a crazy son"; "What kind of parents are they?"). To make things worse, Troy and Rhonda did not think the psychiatrist and the psychologist they met at the hospital took the time to understand their concerns. They felt that the helpers were trying to push Lane back out into the community; in their eyes, the hospital was "trying to get rid of him." Their complaint was, "They give him some pills and then give him back to you." No one explained to them that short-term hospitalization was meant to guard the civil rights of patients and avoid the negative effects of longer-term institutionalization.

When Lane was discharged, his parents were told that he might have a relapse, but they were not told what to do about it. They faced the prospect of caring for Lane in a climate of stigma without adequate information, services, or relief. Feeling abandoned, they were very angry with the mental-health establishment. They had no idea what they should do to respond to Lane's illness or to the range of family problems that had been precipitated by the episode. By chance, the Washingtons met someone who had worked for the National Alliance for the Mentally Ill (NAMI), an advocacy and education organization. This person referred them to an agency that provided support and help.

What does the future hold for such a family? With help, what kind of future can be fashioned? Social workers at the agency helped the Washingtons identify both needs and wants in seven areas (see Bernheim, 1989).

- *The home environment.* The Washingtons needed an environment in which the needs of all the family members were balanced. They didn't want their home to be an extension of the hospital. They wanted Lane taken care of, but they wanted to attend to the needs of the other children and to their own needs as well.

- *Care outside the home.* They wanted a comprehensive therapeutic program for Lane. They needed to review possible services, identify relevant services, and arrange access to those services. They needed to find a way of paying for all this.

- *Care inside the home.* They wanted all family members to know how to cope with Lane's residual symptoms. He might be withdrawn or aggressive, but they needed to know how to relate to him and help him handle behavioral problems.

- *Prevention.* Family members needed to be able to spot early warning symptoms of impending relapse. They also needed to know what to do when they saw those signs, including such things as contacting the clinic or, in the case of more severe problems, arranging for an ambulance or getting help from the police.

- *Family stress.* They needed to know how to cope with the increased stress that all this would entail. They needed forums for working out their problems. They wanted to avoid family blowups, and when blowups occurred, they wanted to manage them without damaging the social fabric of the family.

- *Stigma.* They wanted to understand and be able to cope with whatever stigma might be attached to Lane's illness. For instance, when taunted for having a "crazy brother," the children needed to know what to do and what not to do. Family members needed to know whom to tell, what to say, how to respond to inquiries, and how to deal with blame and insults.

- *Limitation of grief.* They needed to know how to manage the normal guilt, anger, frustration, fear, and grief that go with problem situations like this.

Bernheim's schema constituted a useful checklist for stimulating thinking about possibilities for a better future. The Washingtons first needed help in developing these possibilities. Then they needed help in setting priorities and establishing goals to be accomplished. This is the work of Step II-B. For positive-psychology advances in the treatment of serious mental illness, see Coursey, Alford, and Safarjan (1997).

When it comes to serious mental illness in a family, Marsh and Johnson (1997) focus not just on family burden but also on family resilience and the internal and external resources that support such resilience. This is, of course, a positive-psychology approach. They list the ways in which a helper can assist the family (p. 233):

1. Understanding and normalizing the family experience of mental illness.
2. Focusing on the strengths and competencies of their family and relatives.
3. Learning about mental illness, the mental health system, and community resources.
4. Developing skills in stress management, problem solving, and communication.
5. Resolving their feelings of grief and loss.
6. Coping with the symptoms of mental illness and its repercussions for their family.
7. Identifying and responding to the signs of impending relapse.
8. Creating a supportive family environment.
9. Developing realistic expectations for all members of the family.
10. Playing a meaningful role in their relative's treatment, rehabilitation, and recovery.
11. Maintaining a balance that meets the needs of all members of the family.

Johnson and Marsh also outline a number of intervention strategies that can help families meet these objectives:

- *Family interventions* that stress the role of the family as a support system rather than the cause of mental illness.

- *Family support and advocacy groups* such as the NAMI. These groups provide support and education, and encourage advocacy for improved services.

- *Family consultation,* which can aid in helping families determine their own goals and make informed choices regarding their use of available services.

- *Family education,* with respect to information about mental illness, caregiving, the mental-health system, community resources, and the like.

- *Family psychoeducation,* which focuses on such things as coping strategies and stress management.

In all this, you can see the outline of the solution-focused philosophy discussed in Chapter 14.

Evaluation Questions for Step II-A

- To what degree am I an imaginative person?
- In what ways can I apply the concept of "possible selves" to myself?
- What problems do I experience as I try to help clients use their imaginations?
- Against the background of problem situations and unused opportunities, how well do I help clients focus on what they want?
- To what degree do I prize divergent thinking and creativity in myself and others?
- How effectively do I use empathic highlights, a variety of probes, and challenging to help clients brainstorm what they want?
- Besides direct questions and other probes, what kinds of strategies do I use to help clients brainstorm what they want?
- How effectively do I help clients identify models and exemplars that can help them clarify what they want?
- How easily do I move back and forth in the helping model, especially in establishing a "dialogue" between Stages I and II?
- How well do I help clients act on what they are learning?

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STEP II-B: "WHAT DO I REALLY WANT?" MOVING FROM POSSIBILITIES TO CHOICES