

# Invitations to Collaboration

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## Mapping The Influence Of The Problem In The Life Of The Person

Last month I talked about the concept of *externalizing* problems. By recognizing that problems are entities that *affect* people, and do not *comprise* people, space is created to renegotiate the relationship an individual, family, organization, or community has with a problem. After introducing externalizing language, one can then begin a conversation about the effects of a problem in a person's life.

Problems affect people in many areas of their lives. Problems are stronger in some areas and weaker in some areas. Problems may even masquerade as being helpful. There are many questions that can be asked of a person struggling with a problem to discover how the problem affects their life. These questions and ideas are best introduced through conversation, not an interrogation. For that reason, I will not list a bunch of questions here. Rather, I suggest investigating such areas as:

- the history of the problem
- the tactics or strategies of the problem
- what relationships are most effected by the problem
- when the problem is weakest
- when the problem is strongest
- what would life be like if the problem were to loosen its grip

Asking questions about the problem (not *your* problem...*the* problem) furthers externalizing conversations and gives the "client" a new perspective with which to view her/his life and relationship to a problem.

Resistance may begin to form during this conversation. By resistance, I mean a formulated effort to resist the effects of the problem. I am not referring to the notion of "clinical resistance" by which a "professional" is judging a "client's" commitment to change.

## Mapping The Influence Of The Person In The Life Of The Problem

After investigating the many and varied ways in which a problem has caused and is causing trouble for a "client," the conversation can turn to the many and varied ways in which a "client" has caused and is causing trouble for a problem.

No problem dominates an individual 100% of the time. The times when the problem is absent or weakest are *exceptions*. These special times are called "exceptions" because they stand outside of the "problem-dominated story" a client brings into the help-seeking relationship. Exceptions are the cornerstone for a strength-based approach to therapeutic change.

Examining ways in which the "client" affects the problem may be the single most powerful therapeutic process that is ignored by traditional therapeutic approaches. Because "pathology-based" models are the dominant paradigm in Western health and healing professions, most therapies focus on the problem and not the person (unless the person and the problem are thought of as the same thing, such as in "You are ADHD," in which case the "client" must attack him or herself in order to be freed from the effects of the problem).

When equal or more time is given to a conversation about the ways in which the "client" has affected the problem, it becomes clear that the "client" is more important than the problem. Moreover, the "client" is identified as the agent of change, rather than the "professional" or the problem. Useful areas in which to ask questions include:

- when are the times when the problem is absent or at its weakest

- when did you first notice that you could outsmart the problem
- what strategies have you developed for keeping the problem at bay when you are with your friends
- who else in your life knows that you can refuse the problem's invitations
- what does it tell you about yourself that you have been able to give the problem the slip
- what would it mean in your life if you were to increase and develop these anti-problem tactics

I hope it is clear that therapeutic change doesn't come from just asking a bunch of questions. Which questions to ask, and what order to ask them in should come from natural conversation. Investigating the relative influence of a problem in the life of a person only works if the problem is being *externalized*. Talking about the ways in which the person has affected the life of the problem only makes sense in the context of *exceptions*.

The strength-based perspective I am describing here is a helpful way of working with people. It develops collaboration, competency, and personal agency. It does not, however, make any claims about truth or rightness. Working in this way is an approach, not a theory that attempts to describe the etiology of pathology or a circumscribed way for facilitating change. Strength-based perspectives lead to meaningful and lasting change. That is what's important.

In the next installment of this series, I will talk about *circulating knowledge*. Circulating knowledge is a way of giving meaning to the changes a "client" is working on by sharing with other people, putting together anti-problem documentation, and performing rituals that celebrate a "clients" new relationship with a problem.