

“Revising the Story”

After heart, mind and body, we seek to include the spirit of person's lived experience from the meanings, values and purposes we gain from life's experiences—disabilities and all. Here, we ask, “Why?”, “What is the significance?” “What difference does this problem/solution make for you now?” and “How do you make sense of what happened?” We believe a child and family's relating to their own experience of significance is generative and restorative and that this is the place from which new beliefs about one's sense of self may be appreciated and esteemed. Where the child and family arrive at their own motivating and influencing statements, we have the narrative grist—our “holy grail”—from which a description of themselves, threads through personal stories of hardship, of questing and of recovery or improvement. A client's expression of these ideas may not need to be verbal or written, but may include multiple forms of movement, dance, sports, art, music and other non-verbal ways to communicate, which have character-forming properties, new beliefs which compel and inform a client's resilient internal flow.

*After we attuned ourselves with the family through many conversational exchanges around the family's values, interests and significant experiences, we made discovery of the family's background and history through many valuable contexts. For our practice, we have reduced these multiple influences to several areas from which we draw both understanding of the problems as well as strategies of seeing them as related resources and assets. These story themes brought forth from the child, family, school and cultural community, begins with the formation of **safety and protective boundaries**, **feeling a sense of belonging**, and **finding a voice by having it acknowledged and validated**. Further we offer these enriched anecdotal experiences to test out one's **reflective and relational capacities**, **increased sense of understanding**, which hopefully leads to a clearer definition of one's **multiple identities**. Taking the role of an ethnographer, questions are asked for gathering information as well as for generating a new experience from the interchanges. These experiences regard interaction between the demands of the social-emotional environment, as well as that of the physical environment.*

As we surmised, the EK family was under a great deal of stress and conflict in coping with both parents' previous life trauma, such as abuse, loss, violation, current remarriage, conflicts, job stresses, bills, medical bill collectors while having no health insurance, hassles from school and numerous moves. The measured stress was 10/10 with a coping effectiveness gap of 5/10. We asked Ella to give a name to all of the trauma as though it was a plot that was driving the conflict. She thought of “down-and-out feelings”. We encouraged her to describe the impact of these feelings on her life, and she tearfully expressed her sense of being gobbled up and depleted, being unable to express her desired lifestyle, feeling criticized by teachers and feeling shamed.

***Relative Influence** questions was seen as a way to map the influences of the problem as well as measure the impact of her life on the problem. We externalized or put the problem outside the person so that the whole family could position themselves together against the “oppressor” or the problems. We wanted to open space with examples of unique*

outcomes where events from the past, present or even the hypothetical future might be found as exceptions to the problem to levy against oppressive forces. The question was asked, "So in the last week or so, the conflict continued, but were there times when some hope was still around? What ideas, habits, or feelings came to perhaps supplant some of the problem? What about times when arguing could have pushed you further into "down-and-out feelings" but didn't?" Such exceptions seemed to connote continued commitment to the marriage, taking the initiative to look for help, and continuing to keep up some good times together.

In revising a problematic situation, it's important to seek out special moments called sparkling events and fill in details from various sensory modalities. For example, questions could be asked such as, "What was the situation when you first decided you needed help?" "Where were you?" "What was the first step you took?" "Was there someone in your mind who encouraged you?" Remembering an example from an earlier "crossroads experience" often brings forth a similar example to "thicken" the present event wherein you reached for help. Such reviewing and researching of memories gives a richer story-line construction and development aside from the problem story, where Ella now sees herself more in control, and better knows what to do as an active agent in enacting a more preferred pathway.

Of course a story is more than just what happened. After eliciting the "what, where, when, and how", we are interested in assessing the more personally-subjective opinions of the narrator and by reflection in bringing forth new meanings from what was performed. This aspect of re-storying explores making new sense of the actual lived experience in relation to one's purpose, desire, preference, motivations, thoughts and feelings. Ella's actions now magnify more her life, who she is, and her sense of identity as a wife, mother, sister and grand-daughter. Such questions of story meaning and identity might include, "Having made this happen for you, what does this say about your hope for Adam?" "Now that things are a little better, what about renewed confidence for the future?" "Where does this take you now?" "Acting on this decision the way you have, what does this say about your commitment to keeping the family together?"

Solutions-focused interventions are another practice we use to transform newly discovered strengths and assets into something more compelling and richer for our clients. We present this now, after the restoring phase, because it is still a part of collecting information in a way that converts problems and deficits into needs and eventual goals. These goals are defined by alternatives to the problem and what people do instead of focusing on the problems, in finding ways to start dealing with the realities so that the client can become useful in managing and coping with them. We start taking a solution approach right away so that by the time we are actually writing goals in Part III, preparation has already been devoted in defining the goals in measurable, specific and concrete ways. A brief introduction with references for getting started is included in the appendices for this section. Much of what Solution-Focused Therapy is, has given us important ways to convert a pathology-based approach to something more life giving, motivational and sustainable.