Use-Oriented Thinking

by Dan Short, M.S.

Why is utilization difficult for those who want to use it? Why does it not become more spontaneous after having continually practiced it? It seems that a person who is capable of reaching his or her goals should be able to make a decision to utilize daily events and thereby make it happen. However, these questions and this type of thinking contradict the most essential aspects of utilization. A different type of thinking is required for utilization, a way of viewing events that is fundamentally different from the type of thinking that is so deeply ingrained within Western culture.

In science-based education, we are taught how to advance toward a desired outcome by means of goal-oriented thinking. This type of thinking is a skill that enables us to improve our circumstances by setting goals, measuring progress and evaluating outcomes. Goal-oriented thinking can be compared to the type of orienteering that is used while hiking. After taking a compass reading, you set your sight on a particular destination, such as a tall mountain, and then continually adjust your course so that you are moving in that one direction. In a similar manner, goal-oriented thinking is essentially the act of targeting a particular outcome combined with the assumption that this outcome will serve a useful purpose.

An unfortunate consequence of this type of thinking is the notorious problem of tunnel vision. Flexibility is severely compromised when one's vision only includes a single outcome. Other possibilities are never recognized unless they happen to fall within the scope of the primary objective. For example, an insight-oriented therapist may have difficulty using any aspect of the client's personality that does not ultimately lead to increased insight. If with each problem you know exactly what is needed and have complete control over the situation, then goal-oriented thinking works very nicely. Unfortunately, we are sometimes forced to deal with an uncertain future and circumstances that are beyond our control.

What is missing in education is instruction on how to deal with the reality of limited ability, the fact that we live in a universe which is much larger than ourselves and, ultimately, not under our control. One of the few acknowledgements of the fact that we cannot have complete control over all aspects of our environment is found in the Serenity Prayer. "God grant me the serenity to accept the things I can not change, the courage to change the things I can, and the wisdom to know the difference." However, it is incorrect to assume that things beyond our direct control cannot be effectively dealt with. Every single circumstance contains some elements that respond to our influence, while other elements remain beyond our grasp. In contrast to goal-oriented thinking, use-oriented thinking is the type of thinking that allows us to make use of that which is uncontrollable. It is the type of thinking that makes utilization possible.

Utilization can be said to occur when we are able to accept something, which is not under our direct control, in such a way that a meaningful outcome is accomplished. To better understand utilization, the distinction between these two types of thinking is important. In some cases, what is passed off as utilization is more similar to negotiation derived from goal-oriented thinking. For example, while trying to convince a person of a particular idea, you may use their existing belief system to communicate the idea. This is not a good example of utilization because the driving factor is the predetermined objective to make the person accept a particular idea. While this may be a good intervention, it will not be delivered with the same flexibility and power as true utilization. Actually, it may not work at all if the client is not very convicted by his belief system.

In contrast, utilization comes from an opportunity-based perspective that is fostered by use-oriented thinking. There is no single goal that has been predetermined. A person's belief system is used only if it seems to be a force that can not otherwise be controlled or altered. The best behaviors to utilize are those that are recognized as automatic, something the client does not feel that he can prevent. When the therapist depends on the occurrence of that behavior, as a part of therapy, then the client has no choice but to comply. In this way, utilization transforms an uncontrollable resistance to change into evidence of compliance and therapeutic progress.

The difference between goal-oriented thinking and use-oriented thinking can be illustrated in terms of how attention is focused. Goal-oriented thinking works like a funnel with the narrowest end at the top. This represents the one goal under which all other objectives must conform. Initially, the approach may be very broad. There may be hundreds of objectives that are considered in service of the over-riding goal. In contrast, use-oriented thinking starts narrow and then goes wide. You always start with the one thing that is to be used, for example, a reoccurring behavior that has defied all previous attempts of modification. You always end with whatever works. With use-oriented thinking, you are more interested in the journey than the destination. Every single outcome is recognized as a series of opportunities that can lead to any of hundreds of beneficial outcomes.

Use-oriented thinking is based on the premise that for every problem there is more than one solution. In contrast, goal-oriented thinking requires concepts such as etiology and appropriate treatment. The basic premise behind goal-oriented problem solving is that we must find the cause and then remove it. This approach is not erroneous, but of limited application. Human behavior is so complex that any serious attempt to isolate a single cause for a behavioral problem seems almost ludicrous! After years of debate over nature versus nurture, biochemical influence versus situational influence, the effects of prior experience versus future expectations, it is now generally agreed that all behaviors can be traced to more than one cause. The primary function of use-oriented problem solving is to help people work with what they have. Rather than a reductionistic attempt to determine "why" the problem has occurred, there is an open-ended attempt to determine "how" to bring about change.

Use-oriented thinking permits greater flexibility because there is no single end to use as a standard for absolutistic judgements. There is no one right way to do things. No situation is entirely bad or entirely good. There is no permanent cure or solution. Choices are made without resorting to a rigid idea of "how things should be." Instead, the moments of one's life are embraced as a temporary state in which one finds the opportunity to do something meaningful. For instance, while working with those who are terminally ill, there is an opportunity to provide some relief and comfort. The fact that death has not been escaped does not diminish the importance of the opportunity.

With this type of thinking you focus less on one all-important outcome (such as long life expectancy) and more so on what opportunities can be discovered within the existing circumstance. Emphasis is shifted from the idea of success to the idea of opportunity. Within the context of use-oriented thinking, there is no such thing as failure. In fact, what is initially perceived as failure might later work to one's advantage, if used correctly.

Having more than one way of interpreting events and circumstances can open one's mind to a wide range of possible actions. Both use-oriented thinking and goal-oriented thinking are important skills, each with its own unique application. Goal-oriented thinking is characterized by control. Use-oriented thinking is characterized by flexibility. Goal-oriented thinking answers the question, "What do I want?"

Use-oriented thinking answers the question, "What can I do?" Goal-oriented thinking enables us to construct a solution. Use-oriented thinking enables us to identify options and opportunity. Goal-oriented thinking fosters an attitude of determination. Use-oriented thinking fosters an attitude of adaptation. Goal-oriented thinking progresses toward a predetermined outcome. Use-oriented thinking progresses toward newly discovered possibilities. Goal-oriented thinking works best when we stay focused on the task at hand. Use-oriented thinking works best when we focus on future possibili-

ties. Finally, goal-oriented thinking requires us to decide on an outcome before acting. Use-oriented thinking requires us to accept a wide range of beneficial outcomes. Use-oriented thinking is something that complements the practice of goal-oriented thinking and thereby leads to an increased probability that practical outcomes are obtained. The determination that comes from goal-oriented thinking and the flexibility that comes from use-oriented thinking work well together.

Currently, Western culture relies on critical thinking, argument, problem solving, and goal-oriented thinking as the primary methods of change. These are useful but limited in their effectiveness. Goal-oriented thinking will only take a person so far. At some point, the finite nature of our physical and intellectual resources leaves us feeling powerless and vulnerable. Furthermore, the reality of the unknown creates terrible problems for goal-oriented thinking. That is when a different type of thinking is needed. Use-oriented thinking enables us to embrace the unknown is an opportunity to experience new interests or abilities. Use-oriented thinking adds resolve to the ongoing endeavor to manage our finite resources and find meaning within an endless universe of possibilities.

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A Case of "Syncope" in an Elderly Man, his Son Suffering from AIDS

by Rolf Waagepetersen, MD.

This patient was at the time of my treatment 63 years of age. He was suffering from ateriosclerotic heart disease and from a slight degree of chronic pulmonary disease. He had never suffered from mental disease or psychological problems. I knew that his son was severely ill with AIDS.

For two years he had experienced attacks of unconsciousness with a duration of up to 10 minutes. There were no convulsions or other somatic symptoms. One year before my treatment of him one such attack led to his admittance to a department of cardiology. He was diagnosed as suffering from syncope and he was remitted to the department of neurology for further investigation.

One morning his wife who was very worried asked me to pay a homevisit. The evening before sitting and watching TV he had lost consciousness for about 15 minutes. When I saw him he was complaining of headache, his eyes were shining and he looked depressed. The clinical examination was normal, but before I left, he lost consciousness lying in his bed. Pulse rate, respiration and colours were normal. He did not respond to my addressing him, but after a couple of minutes I was able to wake him up. He seemed sorrowful and almost crying. I asked him to come to my surgery the same afternoon.