

**The miracle of the miracle question:  
How a novice counsellor uses the solution-  
focused miracle question with secondary school  
students.**

***“Is this the magic question?”***

**- Client**

**Research project submitted in partial fulfilment of the  
requirements for the Degree of Master of Counselling**

**by**

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## Abstract

This is a study of the use of the therapeutic counselling technique known as the *Miracle Question*. The miracle question is a central tenet of the solution-focused brief therapy (SFBT) counselling modality. Solution-focused brief therapy is a future-facing counselling approach that is based on the philosophy and principles of social constructionism. As proponents of a post-modern epistemology social constructionism argues subjective reality is constructed when people communicate and that this happens on a continuous basis (Tuffin, 2005). As the name implies, SFBT has a focus on what the client would like to have more of occurring in his or her life rather than a focus on an analysis of the problems that brought them to therapy.

It was the centrality of the miracle question to SFBT that underpinned my original aim and research rationale. The aim of this study was to explore students' experiences of, and responses to, the miracle question in counselling in a co-educational secondary school. This was facilitated by exploring how I, as counsellor, and my student client worked together to co-construct a preferred future for the student client.

All the schools' senior students were e-mailed an invitation to participate in a recorded one-off counselling interview that would entail the asking of the miracle question. The students would be able to talk about anything that they thought would be useful to discuss. One-off counselling sessions were subsequently recorded with twelve students. Four of these recordings satisfied research and data parameters. The segments of each of these four sessions that contained the miracle question sequence were then transcribed and analysed from an interpretive perspective using a qualitative research methodology. Conversation analysis techniques were used to explore how the miracle question works to enable the co-construction of a client's preferred future.

Through the lens of conversation analysis the richness of the data became sharply focused and I was able to recognise different constructive patterns of language created within the conversation between counsellor and client. For example, future focused and problem free language patterns emerged that sometimes also included descriptions of historical problem free instances. These patterns enabled the client to create new ways of thinking for themselves that privileged a reality without the troubling issue or problem that was brought to counselling. The key finding in my research was that asking the miracle question can be modelled as a three part process of co-construction, de-construction and co-(re)construction. Although the therapeutic usefulness of co-constructive and de-constructive language is well supported in the academic literature, the conceptualisation of the miracle question as a three part process is new.

## Chapter 1: Introduction

### 1.1 Context of the study

I am undertaking a Master of Counselling qualification at the University of Canterbury. In this programme solution-focused brief therapy (SFBT) is the core therapeutic model. As part of the research requirements of the Master of Counselling I decided to explore my use of SFBT in my placement as an intern counsellor at a secondary school (the student age range is 13-18 years old). This study looks at my delivery of counselling in the secondary school using SFBT with a focus on what happens between myself, as the counsellor, and the client when I use the SFBT technique known as the *miracle question*.

As a therapeutic modality SFBT came into being during the 1980s at the Brief Family Therapy Centre in Milwaukee. Although its development involved many people, de Shazer and Berg are regarded as the founders of this approach (De Jong & Berg, 2013). The hallmark of SFBT is a focus on how life would be for the client in the absence of the problem or problems that have brought them to therapy. At the time of its inception this approach was in contrast to existing psychotherapeutic techniques that tended to focus on the problem and its origin. How life would be for a client without problems is referred to in SFBT as a *preferred future* and the purpose of the miracle question is to help clients construct and create their preferred futures.

The miracle question is regarded as a therapeutic technique central to the delivery of SFBT (Furman, 2017) and this is the main reason I decided to study my use of it.

Now, I want to ask you a strange question. Suppose that while you are sleeping tonight and the entire house is quiet, a miracle happens. The miracle is that the problem which brought you here is solved. However, because you are sleeping you don't know that the miracle has happened. So, when you

wake up tomorrow morning, what will be different that will tell you that a miracle has happened and the problem which brought you here is solved? (de Shazer, 1988, p.5 cited in De Jong & Berg, 2013, p.91)

The miracle question, as set out above, is what I had previously come to think of as the so-called traditional version and my plan was to study my asking of this in a counselling context and my clients' responses to this approach.

## **1.2 Rationale for research**

Solution-focused brief therapy is underpinned by a social constructionist philosophy. As an organised and structured ontological approach, social constructionism also provides a framework for the personal views that I have been formulating, albeit haphazardly, throughout my life. From the reflective stand point of a novice counsellor, the more I learn the more I realise how much I don't know. A by-product of study at postgraduate level has been a growing ability to reflect on the world I live in, how I see it, and how it might see me. Earlier life experiences begin to take on new meaning and re-inform my thinking as I review and reflect on my own narratives.

When I originally began postgraduate counselling study I was immediately attracted to the realness of SFBT. The essence of this therapeutic modality is about working with clients to create more of what they are wanting in their lives by utilising techniques, such as the miracle question. As discussed in the literature review that follows, SFBT embeds the counsellor alongside the client and together they construct (co-construct) new meaning to assist the client to move away from problem saturated perspectives.

Whilst the miracle question is described as a central tenet of SFBT (Furman, 2017) I was initially unimpressed by it because it seemed to be contrived. Although it seemed quite straight-forward, I also suspected that there was more to it than I initially thought (Stith,



Miller, Boyle, Swinton & Ratcliffe, 2012). I also doubted my ability and skill as a counsellor to be able to use it effectively with clients. In addition, as I was becoming more comfortable with some of the other solution-focused tools I was finding myself inclined to stick with what I (thought I) knew. But as my counselling internship progressed my confidence slowly began to grow and as I began to get to know clients through seeing them multiple times I started to use the miracle question even though I remained uncomfortable about it.

I found myself feeling surprised at the responses elicited. The clients would engage very quickly and easily with it, have no difficulty answering the miracle question or questions and their answers generally seemed to provide quite rich, detailed information about how things would be for them after they woke up in the morning after such a miracle had happened. I wondered about what was happening for them that enabled them to elucidate such detail and clarity.

I set out on this journey knowing that I wanted to examine my counselling practice and, although I had various ideas of how I might approach this, I found myself going around in circles. I was, therefore, surprised to arrive at the miracle question as my topic of research, especially given my niggling uncertainty around it. After much reflection and discussion with my lecturers and supervisors, as well as preliminary research, I began to get a sense that my research question would be based on the counselling experience of students in a secondary school when they are asked what I had coined the ‘traditional’ version of the SFBT miracle question as set out above.

I use the word *coined* to describe the traditional version of the miracle question because, as I was to discover, the above example is only one of many ways of asking the miracle question and the assumption that there is such a thing as a particular version of the miracle question is, in and of itself, problematic. This concept of ‘many versions of the same

thing' began to inform my thinking and as my research unfolded I became intrigued by the anecdotal, almost ethereal, and rumour-like, nature of SFBT (Miller & de Shazer, 1998).

Little did I know that my research would uncover that I, in actual fact, have my own version of the miracle question.

### **1.3 Organisation of this research**

The focus of this research was to examine and investigate the counselling experience of students in a secondary school when they are asked the SFBT miracle question. This chapter outlines the origin of my interest in the topic and the structure of the thesis.

Chapter 2 reviews the existing literature relevant to the research and demonstrates engagement with the literature in a number of areas. Solution-focused brief therapy is a postmodern modality that champions social constructionism. I engaged in practice-based research that focused on an aspect of the solution-focused modality known as the miracle question. The subjects of my research were adolescents who were students in a secondary school and I was involved as a participant observer in my role as an intern school counsellor. This literature is reviewed and reflected on in Chapter 2 and I conclude this chapter with the research question that is central to the study.

In Chapter 3 I describe the ontology and theoretical perspectives that underpin this project, as well as the methodology, method, and research design. The methodological approach and research design are driven by social constructionist and constructivist notions. Ethical requirements within the unique setting of a secondary school are considered and discussed. The method of data collection is set out and the approaches to ensure rigour and trustworthiness of the data are explained. Chapter 3 finishes with an explanation of the data analysis process using conversation analysis. I detail how I arrived at that method of analysis and explain how the findings are then presented in the chapter that follows.

In Chapter 4 I present the data analysis and research findings. This is based on selected segments of conversation with four different clients that capture parts of the miracle question sequence. These segments are scrutinised using conversation analysis and the patterns that emerged are identified and discussed. The full transcripts and analysis of the complete miracle question sequence for each client are contained in Appendix A.

In Chapter 5 I expand the discussion of the findings to relate them to relevant literature and, with the development of emergent themes, I address the research question identified at the chapter two literature review. Key conclusions are drawn and I engage in a reflection on possible future research. Strengths and also limitations, not previously considered, that have, nonetheless, come about due to the evolving nature of this project, are also identified and discussed.

## **Chapter 2: Literature Review**

The literature reviewed is driven by the need to understand the available research and commentary on the topics and areas that are relevant to my research. The literature reviewed is set out and discussed under the following headings:

- **Solution-Focused Brief Therapy (SFBT).**

I start with SFBT because this is the underlying counselling modality that encompasses the miracle question and it is also the modality central to the University of Canterbury's Master of Counselling programme.

- **The miracle question.**

As the topic of my research I detail the history and theoretical background to this counselling intervention as discussed in the literature.

- **Adolescence and cognition.**

My internship is at a secondary school and my research participants are drawn from the adolescent student population. It is useful to review relevant literature in this area with regards to the main models that conceptualise adolescent cognitive development.

- **Counselling in secondary schools.**

Everything exists within a context. It is useful to consider some of the situational, historical and political aspects of the environment where the research took place.

- **Constructivism / Social constructionism.**

The postmodern philosophy of social-constructionism underpins solution-focused brief therapy (SFBT) and the miracle question.

- **The so-called rumour of Solution-Focused Brief Therapy and my research question.**

As I progressed with the research into the existing literature I found it increasingly appropriate to utilise the metaphor of a *rumour* (Miller & de Shazer, 1998) to describe the miracle question within the larger SFBT framework. This also assisted me to better understand what aspects of the miracle question had possibly not been previously investigated or investigated only sparingly. This final section then leads into an introduction to my research question.

## **2.1 Solution-Focused Brief Therapy**

Solution-Focused Brief Therapy (SFBT) was developed in Milwaukee (Wisconsin) at the Brief Family Therapy Centre in the 1980s. There were many involved with the Brief Family Therapy Centre (Stalker, Levene & Coady, 1999) but the two people generally credited with the development of this modality are de Shazer and Berg. They met in 1977 at the Mental Research Institute in California where they were both working before moving to Milwaukee together to set up the Brief Family Therapy Centre.

Jones-Smith (2016) notes that SFBT, as a therapeutic modality, came about as researchers were becoming dissatisfied with the traditional psychotherapeutic approaches. These traditional modalities had a focus on the diagnosis of problems. It was (and still is) held by many, that problems could be addressed by tracing unresolved childhood issues that were concealed deep within a client's psyche. In contrast, solution-focused therapy is based on the premise that it is more useful to the client to focus on what the client would like to have happening in his or her life, in the here and now, rather than spending time analysing the problem and its historical roots.

The earlier work of a number of individuals and organisations influenced de Shazer and Berg in the initial development of SFBT, perhaps none more so than Erickson, an

American psychiatrist who specialised in hypnosis. Erickson's ideas about what was effective in therapy were, at the time, unorthodox. He believed in people's own ability to find solutions to their problems and that making a small change to lead towards a more desired situation was sufficient to trigger larger changes. Because this type of therapy was more client driven it was assumed to require fewer client sessions (Jones-Smith, 2016). Much of this philosophy flowed through to what is now known as SFBT (Jones-Smith, 2016; Erickson, 1954).

In SFBT clients are viewed as the experts of their own lives and it is assumed that they already have considerable, relevant resources of their own. The counsellor adopts the role of naïve inquirer and the therapy is client-led with an agenda set by the client instead of the counsellor driving the direction of the therapy (Hanton, 2011). Positioned within a social constructionist epistemology, SFBT holds the view that if humans have the ability to be the creators of their own subjective experience then they are able to create new realities with a focus on life in the absence of the problem that brought them to counselling.

Techniques employed by the counsellor using SFBT include:

- Imagining a future that is problem free and where the client is living with more of what they want. This is known as the *goal or preferred future* (Hanton, 2011; de Shazer, 1988).
- The asking of the *miracle question* (the subject of this research) where people are encouraged to imagine what things would be like if they woke up in the morning and discovered that the problem that has brought them to counselling had been magically solved (De Jong & Berg, 2013).
- Thinking back to situations and times when there was no problem or less of a problem. These are called *exceptions* and searching for these help clients to gain hope that they can find more exceptions to their problems (de Shazer, et al., 2007).

- Looking at existing coping strategies and resources to see what is already working well for the client (Hanton, 2011).
- Posing *scaling* questions to build a scale so the client can see improvement that they may not otherwise have realised they have achieved. This also allows exceptions to be identified and goal development to take place (Smith-Jones, 2016).

Further development of solution-focused techniques came from the work of Shennan and Iveson at the BRIEF clinic in London. They found that when they amplified the clients' preferred future clients would often mention instances where aspects of their preferred future (as described earlier) were already happening (Shennan & Iveson, 2012). They therefore shifted the discussion from the problem-focussed exceptions to the rule, to talking about instances that were already occurring. As their practice focused more on best hopes and less on problems they encouraged counsellors to encourage clients to talk more about instances when the preferred future was occurring instead of exceptions when the problem was not occurring.

These developments are part of a more recent trend towards simplifying SFBT. As described in McKergow (2016) and McKergow and Korman (2009), the current focus within the SFBT community is to consolidate the way SFBT has developed in the previous 10 years and to cull some of the elements developed in the 'original' form of SFBT, for example, at the end of sessions there was originally an emphasis on setting homework tasks and complimenting the client. It was also common for the counsellor to take a break during the session and leave the room to confer with colleagues on the progress of the session and to give the client an opportunity for quiet reflection (McKergow, 2016). These are no longer regularly practiced and in keeping with this trend McKergow (2016) has promoted a simplified version of SFBT and labelled it SFBT 2.0. McKergow (2016) compares and contrasts SFBT 2.0 with the so called original version, or SFBT 1.0, as McKergow (2016)

refers to it. SFBT 2.0 is promoted as a simpler process, in that it: considers clients' best hopes instead of problem free talk, creates instances of the occurrence of best hopes that can be connected to a preferred future instead of an exception when the problem was not occurring, and uses questions to develop client descriptions instead of just to produce information (McKergow, 2016).

An early criticism of SFBT was to do with the way SFBT seemed to be accepted out of hand by the therapeutic community, even though there appeared to be little empirical support for its superior effectiveness when compared to other treatment models (Stalker, Levene, & Coady, 1999). A number of limitations and shortcomings of the solution-focused model were highlighted by Stalker, et al. (1999). Among them was an argument that brief therapies are not as effective as longer term therapies for clients with severe problems. They asserted that effectiveness would be restricted in brief therapies where there is limited ability to establish a therapeutic relationship between client and practitioner. Stalker et al. (1999) also suggested that it would be difficult to establish an effective therapeutic relationship, in any event, with the solution-focused approach because of the way the approach privileges a strategic model of therapeutic techniques over the relationship between counsellor and client. Furthermore, they asserted that clients just do not have a useful repertoire of experience to call upon and it is only through a long-term relationship that something different can occur for clients (Stalker et al., 1999).

This has been countered by McKergow and Korman (2009) who made the observation that SFBT needs to be considered as a total structure of theory and practice. When one isolates particular solution-focused techniques and positions them within "traditional psychotherapeutic frameworks the solution-focused ideas and techniques become absurd, naïve and even plain stupid" (p. 35).



Other researchers have promoted long-term therapy over brief therapy. For example, Leichsenring and Rabung (2008) suggest that long-term psychotherapy is thought to be an effective treatment for more complex mental disorders. Jones-Smith (2016) points out that that most practitioners use an integrated approach that utilises more than one modality. One of the reasons for an integrated approach is that most of the positive client outcome in therapy is attributable to factors that are common across many therapies. The most significant common factor is the establishment of a therapeutic alliance between patient and counsellor (Jones-Smith, 2016).

Other variables that have been considered when thinking about the benefits of brief versus long-term therapy are the personality and characteristics of the counsellor (Heininen, Lindfors, Laaksonen, & Knelt, 2012). Highly invested, extroverted and efficacious counsellors can expect faster improvement in patients when engaged in brief therapy; however, those types of counsellors do not do as well in the early stages of long-term therapy when compared to counsellors that work less intrusively and are more subtle and considerate (Heininen, Lindfors, Laaksonen, & Knelt, 2012).

Despite these debates about the benefits of long-term or brief therapy the empirical evidence for the effectiveness of SFBT has grown in recent years as the SFBT modality has continued to develop, for example, with the work done by Shennan and Iveson. They detail the positive results of five outcome studies over a number of years (Shennan & Iveson, 2012). Apart from the first of these studies the outcomes were based on the clients' view of the success, or otherwise, of the therapy. This shift in focus from the counsellor's view of success to that of the client is contrary to much of the research on therapy effectiveness and it aligns with the solution-focused view that the client is the expert in their own life. The results of their studies informed the development of their model of solution-focused therapy.

A review of other recent literature also suggests that there is an existing and growing evidence base to support SFBT counselling's effectiveness and therapeutic acceptability. Gingerich and Peterson (2012) reviewed 43 controlled outcome studies of SFBT, which was all that could be located at the time. The studies scoped across a wide field of practice with one study appearing in two groups: child academic and behaviour problems (14), adult mental health (10), marriage and family (6), occupational rehabilitation (5), health and aging (5) and crime and delinquency (4). Of these 74% reported that SFBT provided significant positive benefit and 23% reported positive trends. Three studies also found that SFBT used fewer sessions compared to alternative therapies. Overall SFBT appears to be an effective evidence-based modality suitable for a wide range of mild to moderate mental health and psychological issues.

As a brief therapy, SFBT is also regarded as being more suitable for use in a school environment than for long-term therapy. Existing research argues that school counsellors have large caseloads (Littrell, Malia, & Vanderwood, 1995) and they have additional pressure and demands on their time because of the requirement to be involved in other activities and duties besides one-on-one counselling (Brasher, 2009). Many schools are also under-resourced or are not maximising the resource that is available (Education Review Office, 2013).

Corcoran (1998, cited in Brasher, 2009) also argues that brief therapy is ideal for children because it matches their cognitive abilities and is beneficial for children with short attention spans. Briefer, fewer sessions also means that students will not be absent from their classes to attend counselling meetings for longer than is necessary. The obvious benefit is that minimising out of class time should have less negative impact on the student's academic success.

## 2.2 The Miracle Question

The historical underpinnings of the miracle question are grounded in the hypnotherapeutic work of Erickson (Furman, 2013). There is much literature on the miracle question and there are many recorded versions and variations of it. At the time of writing Furman had set out 13 versions on his website alone (Furman, 2013). This research project explores what I had come to think of as the traditional approach to asking the miracle question. The hallmarks of this approach are that time is taken to set the scene, its delivery is drawn out with long pauses at strategic points and the counsellor speaks slowly, clearly and quietly.

“Suppose.... our meeting is over, you go home, do whatever you planned to do for the rest of the day. And then, sometime in the evening, you get tired and go to sleep.... And in the middle of the night, when you are sound asleep and the house is quiet.... a miracle happens..... and the problem that brought you here today is solved just like that!..... But, since the miracle happened overnight while you were sleeping you can’t know that the miracle has happened.....So, when you wake up the next morning, how are you going to start discovering that the miracle happened? That things are different... What are you going to notice? What else?” (Miller & de Shazer, 1998, p. 365)

The version above is similar to the one set out in the introduction (given that there are many versions) and is in keeping with what I think of as the traditional version. This is what I came across more often in the early days of the Master of Counselling programme and is what my training was based on. Miller and de Shazer (1998) describe pauses as being “very important when asking the miracle question” (p. 365) but they don’t say why.

I have been careful to ask the miracle question correctly based on my training and as my training has progressed I have been slowing down my speech, speaking in more measured tones, and becoming comfortable with silence during a counselling session. When I utilised it I seemed to get quite clear and thoughtful responses that were often at odds with the responses I had been getting with other questions I would ask and it was comforting to learn that this is in line with the literature. An early publication by de Shazer (1988) describes the miracle question as eliciting rich and detailed responses. A more recent publication (de Shazer, et al., 2007) describes how the counsellor needs to suspend any sense of preconception around what he or she thinks the client needs to say in response. “It is not until we hear the client’s answer that we can recognise what question the client has heard” (p. 43).

My use of the miracle question with students in a school setting left me wondering about the differences in cognitive processes between young people and adults. Such was the difference between responses to the miracle question compared to other questions that I also found myself wondering about the possibility of inducing a hypnotic-like state with asking the miracle question in a particular way and was I already doing that? Research shows that children and adolescents are indeed more susceptible to hypnosis than the rest of the population. Morgan and Hilgard (1973) administered the Stanford Hypnotic Susceptibility Scale, Form A (SHSS:A) to 1,232 people ranging in age from 5 to 78 years. Hypnotisability was shown to peak in the 9 to 12 year old band and then start to slowly decline. The pace of decline slowly accelerated as the subjects got older but remained relatively high through the adolescent years.

In 2007 Page and Green conducted research similar to Morgan and Hilgard’s. They administered the Harvard Group Scale of Hypnotic Susceptibility, Form A (HGSHS:A) to 2,660 undergraduates over a 7 year period. The results tended to support the earlier work of Morgan and Hilgard, namely that hypnotic suggestibility tends to decrease from age 17

onwards (Page & Green, 2007). Following on from this I was not surprised to find literature that ties the actual process that underlies the efficacy of the miracle question back to the earlier work of Erickson and what is known as his crystal ball technique (Jones-Smith, 2016). The advent of the miracle question as an adaption of the Erickson crystal ball technique is also discussed in Strong and Pyle (2009) with Jones-Smith (2016) describing Erickson as a psychiatrist and hypnotherapist who was considered to be a major influence in the development of psychotherapy.

The workings of the crystal ball technique were captured in a paper written by Erickson (1954) about an experimental therapeutic technique that he had been using from time to time over the previous 15 years. The technique was based around the idea that there is a need to tap into everyday experiences and understandings that make up daily living. Erickson's thinking was that practice makes perfect and that repeating the same behaviours will form new habits. He also held that desirable results will be produced when practice is combined with the requirements of hope and expectancy. Erickson used hypnosis to create a subjective belief that the client had already accomplished that which brought him or her to therapy in the first place. This was achieved by asking the client, under hypnosis, to imagine a series of crystal balls into which they could see the unfolding of desired events. Then the client, under hypnosis, was taken forward in time so they could look back at what he believed he had already achieved. The patient was able to achieve a detached, dissociated, objective and yet subjective view of what he believed at the moment he had already accomplished, without awareness that those accomplishments were the imaginings of his hopes and desires.

As a result of the above thinking as well as my prior reflections on adolescent cognition I found myself going into this research interested in the possible hypnotic aspect of the miracle question. I, however, am cautioned by a commentary in *More than miracles, the state of the art of solution-focused brief therapy* (de Shazer, Dolan, Korman, Trepper,

McCollum, & Berg, 2007). Dolan, who is an Ericksonian counsellor, used hypnotic imagery in her delivery of the miracle question in a segment of a client counselling session that was then transcribed. Toward the end of the book, thought is given to how SFBT can be integrated with other modalities. While an integration with other modalities is able to be achieved the point is made that techniques, such as hypnosis, that compromise client choice and / or position the counsellor as expert are not compatible with SFBT. This is interesting given that Erickson, a hypnotherapist, is credited with influencing the advent of SFBT. Dolan describes her own approach to asking the miracle question not in terms of her approach being hypnotic but that she tailored it to make it as true to life as possible and applicable to the client. Dolan said that comfortable pauses between words and a relaxed, peaceful tone will be conducive to the client feeling relaxed and comfortable and so more likely to respond to the miracle question in a useful way (de Shazer, et al., 2007).

De Shazer (1988) discusses the miracle question as being able to elicit specific goals and behaviours that clients want to move towards. This contrasts with the global and non-specific way clients often talk when discussing changes they want to make, for example: wanting to 'feel better' or have their 'relationship improve'. That the miracle question is actually a sequence of questions that are useful for the client to build a set of goals around a preferred future is a view supported by Furman (2013) who contends that "the miracle question is not meant as a stand-alone question even if it alone sometimes seems to bring about positive changes in clients" (Furman, 2013).

I'm not sure that thinking of the miracle question as something that was 'invented' as a kind of freestanding technique is especially useful or reflective of SFBT but after a review of the literature one would be forgiven for looking at it this way. De Jong and Berg (2013) talk of how it was Berg who was the one that came across the miracle question: "Insoo and her colleagues discovered the miracle question quite serendipitously" (p. 90) when Berg was

counselling a woman who presented with many problems and difficulties. During the session Berg asked the woman, “What do you suppose needs to happen so you could say that the time we are spending together has been useful to you?” The woman said, “I’m not sure. I have so many problems. Maybe only a miracle will help, but I suppose that’s too much to expect.” Berg was listening carefully and wanted to use the woman’s own words and ideas so she asked, “Ok, suppose a miracle happened, and the problem that brought you here is solved. What would be different about your life ?” (De Jong & Berg, 2013, p. 91). Berg was very surprised when the woman then began to describe a much improved version of her life when, just moments before, she held little hope for anything to be different.

To provide a contrast Lipchik, Dereks, Lacourt and Nunnally (2012) contend that, as the story goes, de Shazer was observed asking a client a shortened version of what was to become known as the miracle question. This took place when counselling sessions were observed behind two way mirrors. Reference is also made to a time when Lipchik was observed asking “How will you know when you don’t need to come here anymore?” (p. 9). This was seen as another step in the journey to a future focus. The Ericksonian influence with the crystal ball technique is also mentioned by Lipchik, Dereks, Lacourt and Nunnally (2012).

Green (2012) discusses a related approach to asking the miracle question that does not use the word miracle: “If a magic wand were waved and things were exactly as you’d hoped for, what would be happening?” This was detailed in a chapter on solution-focused life coaching. Green holds that this question and the standard miracle question will allow the client to focus on the future and develop clear goals. Not using the word miracle in the miracle question is also espoused by Hanton (2011) and I circle back to this in the final section of the literature review.

Shennan and Iveson's (2012) view runs contrary to that of Green (2012) and in so doing resonates with my own thinking. On the back of the research studies they conducted between 1991 and 2008 Shennan and Iveson had developed a mind-set aligned with the philosophical approach known as Ockham's razor. This was named after William of Ockham, a medieval philosopher. It holds that if there are two competing theories the simpler is to be preferred. In the work Shennan and Iveson were doing with the miracle question they were finding that client miracles were becoming increasingly descriptive, rich and detailed as they talked about life without the problem. But *life without the problem* was too broad and all-encompassing to be able to be labelled as a goal or even a set of goals so they began to refer to this way of thinking and being as a *preferred future* (Shennan & Iveson, 2012).

The preferred future thinking positions the miracle question as a highly regarded and very effective therapeutic tool. Among other things it, creates goals for therapy, prepares for exceptions, and allows for the co-construction of a progressive client story (de Shazer, et al., 2007). Although it appears very straight forward on the surface, from the literature it is clear that the miracle question is difficult to ask effectively and it requires years of experience and much training to be able to apply it in a useful way (Hanton, 2011, de Shazer, et al., 2007, Stith, Miller, Boyle, Swinton, & Ratcliffe, 2012).

Weatherall and Gibson (2015) analysed a recorded session of Berg going through the miracle question sequence with a client. This article is of relevance to this research because it is the only study of the miracle question using conversation analysis that I have been able to find where the miracle question includes a presequence of talk, other than the standard opening of "let me ask you a strange question" immediately prior to the delivery of the miracle sequence. That the counsellor is Berg adds a layer of authenticity to the view I hold of the importance of the presequence. This is thought to be important because of the strong foundation it provides for the therapeutic talk that is to follow (Weatherall & Gibson, 2015).



In the case of the miracle question the therapeutic talk involves the client accepting the legitimacy of a life changing miracle occurring during the coming night.

I also note that, in the delivery of this miracle question sequence, Berg qualified the problem that was specific to the client she was with. This means that exactly what it is that the client wants to be different is spelled out instead of saying something generic like, ‘and the problems that brought you here today are solved’. Hanton (2011) writes about there being two ways to ask the miracle question, *qualified*, where the problem is named, or *unqualified*, where the actual problem is not named. He does not have an opinion on whether one is better than the other, just that there is a difference.

When the miracle question is discussed in the literature it is often set out as unqualified; however, the transcripts I have read (e.g, Weatherall & Gibson, 2015) and the You Tube video I watched (Andrewstrainingvideo, 2010) show the delivery of a qualified miracle question sequence. Is the miracle question always supposed to be qualified? Perhaps it is unqualified when set out in the literature purely because this is only a generic representation? Insert problem / solution here.....? Perhaps this is how the unqualified version of the miracle question has subsequently come alive in its own right?

At this point I found myself exposed to multiple versions of everything to do with the miracle question; how it was invented and by whom, the philosophy that underpins it, and the way it should be delivered. A review of the literature shows that, while much of the literature discusses the miracle question in its many guises, there is little that delves into the inner workings of the miracle sequence at the depth of a micro analysis of the therapeutic conversation in order to understand what is happening between the client and counsellor when the miracle question sequence is used in therapy. This is a gap in the literature and filling it is one of the aims of this research.

### 2.3 Adolescence and Cognition

My internship is at a secondary school and my research participants are to be drawn from the adolescent student population. Adolescence is a unique life stage (World Health Organization, n.d) due to its transitional nature. I have reviewed relevant literature that explores the major western models of the way adolescence, as a transitional stage, is conceptualised and understood. A general understanding of the way the adolescent mind functions is useful for my research focus.

The World Health Organization defines adolescence as the period of human growth and development that occurs after childhood and before adulthood. It is generally regarded as something of a critical transitional phase and occurs between the ages of 10 and 19. During this time growth and change occurs at a tremendous rate rivalled only by early infancy. Adolescence generally also marks the onset of puberty – the physiological and emotional passage from childhood to young adult (World Health Organization, n.d., Spear, 2012).

The senior students (aged 17-18 years) I have counselled this year are noticeably more grown up compared to the younger students. They present with grown up problems such as depression, anxiety, examination pressure, and uncertainty about the future. This contrasts with the younger students, where there seems to be more of a preoccupation with friends and fitting in. My observations are supported by Barrett (1996) who holds that there are three stages in adolescent emotional development and with each stage there is a central developmental issue:

- Early Adolescence (ages 11-13) is characterised by a need to belong.
- Middle Adolescence (ages 14-16) is concerned about being unique.
- Later Adolescence (ages 17-19) is about feeling a sense of worthiness.

Given that adolescence is a time of change it intuitively makes sense to segment and categorise this process into stages. Christie and Viner (2005), however, are critical of the

stage model of adolescent development because it fails to acknowledge that adolescents exist within a social system. Christie and Viner, 2005 hold that an adolescent's psychological and physical changes interact with external and social changes to create a type of intra system interdependence that determines the adolescent's position within the system in a fluid and dynamic way. This fluidity challenges the stage theory which promotes a view that each stage needs to be completed before the individual moves onto the next. Further support comes from Gilligan, Professor of Education at Harvard University, who delivered a paper at the 10<sup>th</sup> Annual Konopka Lecture (1987) and spoke about how, on the whole, "adolescents are passionately interested in moral questions" (p. 5). Gilligan suggested that the problems adolescents deal with are a barometer of the state of the larger civilisation within which they exist. This is an example of the social system as proposed by Christie and Viner (2005). Although Gilligan's (1987) work is dated I was interested in it because I have often been struck by the ethical groundedness of New Zealand Year 11 students, typically aged 15 to 16 years. I have noticed that they seem to have an innate sense of integrity and truthfulness. This literature is relevant to my research because it is supportive of my view of adolescence, which itself is based on my counselling experience to date. It also challenges the commonly held myth held by some adults that adolescents do not care about anything. Recognition of the view I hold of adolescents is important because it is presumed that the judgements and assumptions I make about my clients will have an impact of some sort on my counselling work.

Another perspective on adolescence is provided by Compas, Hinden, and Gerhardt (1995) who discuss a biopsychosocial model of adolescent development as being more reflective of the way adolescent development and behaviour takes place on many different levels at the same time. Compas, Hinden, and Gerhardt (1995) use a biopsychosocial model to illustrate various pathways and development trajectories that adolescents typically follow

in given circumstances. This finds support from Williams, Holmbeck, and Greenley (2002) who use a biopsychosocial model as an organising framework to consider adolescent mental and physical health. A model such as this is useful because adolescence is typically the first time that particular health behaviours, either positive (e.g., diet and exercise) or negative (e.g., smoking and drug use) emerge. Steinberg and Morris (2001) also use a biopsychosocial model as relevant to the study of adolescence because of the rapid biological changes that are a hallmark of adolescence along with the social problems typically associated with adolescence. Anti-social behaviour, drug use, and unwanted pregnancy are social issues that tend to emerge for the first time during adolescence.

Advances in neurology have begun to provide neurological and physiological explanations for adolescent behaviour that are based on the way the brain develops during this period. Steinberg (2005) discusses the way that the adolescent years have been recast, at least in the years leading to the 2005 publication of this journal article, in light of new knowledge about brain development. Adolescence can be a period of especially heightened vulnerability because of the way that the development and maturation of the various brain, behavioural and cognitive systems during adolescence occur at different times and are not managed by a common biological process. This means that adolescents are vulnerable to so-called at-risk behaviour and poor decision making compared to older age groups.

Research reported on by Spear (2012) and Ernst and Fudge (2009) utilises neuroimaging and lesion studies to provide a biological basis for adolescent behaviour. The speed that information flows across the brain accelerates during adolescence. This is caused by an increase in the process of myelination of neuronal axons. Myelination is when axons become insulated with myelin, a white, fatty substance. Although this begins early in life and continues over a person's life span, the process increases notably during adolescence (Spear, 2012).

The brain also undergoes a process of synaptic pruning during adolescence (Spear, 2012). This is when neurons and synapses that are not required are lost. The over production and subsequent pruning of neurons and synapses happen, to some extent, throughout life; however, it is most prevalent during adolescence as the brain rewires connections to allow the adolescent to transition into a functional adult .

Synaptic pruning and myelination during adolescence are thought to lead to the thinning of grey matter that occurs in the cortex. This, from a neuro-biological perspective, is what is thought causes or contributes to the risk taking and sensation seeking behaviours that characterise adolescence (Spear, 2012). The areas of the adolescent brain subject to high levels of activity due to changes in function and structure are those that are involved with managing risk and reward, regulation of emotions, and response inhibition. Changes in these areas take place before the adolescent has matured sufficiently to be able to regulate the resulting affective behaviour.

Steinberg (2005) also discusses studies, which suggest that the influence from an adolescent's peer group has an effect on behaviour. For example, laboratory studies show little difference in the reasoning and problem solving ability of people at any age after middle adolescence. It appears though that studies of actual risk taking behaviours show that adolescents are significantly more likely to engage in risky behaviours such as experimenting with drugs, unprotected sexual activity, dangerous driving, and the like. This strongly suggests that cognitive and environmental factors such as peer pressure may work together to determine adolescent behaviour (Steinberg, 2005). For this reason parental fear that adolescents will get in with the wrong crowd is a valid concern.

In contrast to Steinberg (2005), Spear (2000) reports on what we perceive to be at-risk behaviour by adolescents and holds that they are actually ontogenetic adaptations. This article argues that risk taking behaviour, common among adolescents but not generally shared

amongst the rest of the population, is necessary for the adolescent to be able to become independent in his or her own right. This sort of age related behaviour is common among many species of mammals. Risk-taking, novelty-seeking, and peer-directed behaviour may be adaptive to allow the adolescent to negotiate what Spear (2000) refers to as the “limbo between childhood and adulthood” (p. 418). It may also be useful, particularly among other species, to avoid inbreeding (Ernst & Fudge, 2009). By trying out new things, the adolescent learns new reinforcers. The peer group the adolescent associates with is likely to attribute value to these behaviours prompting the adolescent to move away from the natal family unit. Unfortunately risk-taking behaviour comes with an increased likelihood of a negative outcome (Spear, 2000). Based on data compiled by the New Zealand Child and Youth Mortality Review Committee (McDonald, Healey, Hii, Szymanska, & Anderson, 2013) the experience in New Zealand is that nearly 75% of deaths in the 15 – 19 years age group are caused by unintentional and intentional (including suicide) injury.

Given the potential for a negative outcome the question arises as to what the drivers could be for risk taking behaviour. Spear (2000) notes that the rewards are thought to be opportunities to explore adult behaviour and the associated privileges and benefits may include gains in self-esteem and acceptance by peers.

Larson (2000) suggests that the development of initiative is seen as something that does not happen by itself but comes about through opportunities. Larson (2000) loosely defines initiative as having the capacity for agency and autonomous action that can be directed toward goal achievement. The narrative of this article is that initiative is more likely to be developed if adolescents are involved in structured activities that they choose, or volunteer to be involved in, such as sports teams and similar organised activities. These activities provide the missing links for adolescents to transition to agentic and directed adults.

Larson (2000) also points out that more traditional non-western societies and cultures provide, through a series of steps and added responsibilities, structures that progressively acclimatise young people with adult behaviour and responsibilities. Western society does not, however, in and of itself, provide a structure or system for adolescents to pass through that provides the tools, training, and experience to transition from child to adult. In the absence of the required structures it may be that adolescents fill the gap themselves by engaging in risky behaviours. This view finds support in the higher rates of drug use, unemployment, and anti-social behaviour within the adolescent and youth population than among adults (Steinberg & Morris, 2001).

In the absence of western social and cultural norms predisposed to scaffolding the adolescent years it is likely that a forward looking and future focused counselling modality like SFBT could be especially beneficial for young people.

## **2.4 Counselling in Secondary Schools**

Ludbrook (2012) describes counselling as:

A therapeutic process involving interaction between a counsellor and a client aimed at enhancing the quality of clients' lives by assisting them to overcome relationship difficulties, to deal with the consequences of trauma, to cope better with difficulties encountered in relationships or the workplace, or to change or modify patterns of behaviour that are actually or potentially harmful to the client or others (p. 36).

Everything exists within a context. It is difficult to measure the impact of any particular context but it is useful to be able to situate where my research took place by considering some of the situational, historical, and political aspects of the environment.

Hermansson and Webb (1993) report on the development of school counselling in New Zealand. In 1960 designated guidance counsellor positions were created in the nation's secondary schools. Initially the emphasis was on dealing with the so-called problem students with a remedial approach but this has broadened over time into the developmental approach that now sees the needs of all students catered for. This, however, has changed in more recent times with the advent of specialised training programmes and the broadening perspective of the New Zealand Association of Counsellors (NZAC; Hermansson & Webb, 1993). The Hermansson and Webb (1993) article discusses the advent of counselling services in New Zealand as part of a larger welfare state ethos born in the 1930s. More recent decades have seen changes in the social, economic, and political spheres that have limited, or removed, access to counselling services for those who do not have the ability to pay for it themselves. One of the major advantages of school counsellors, of course, is that there is no charge for a student to access the service.

In New Zealand, school counsellors were originally teachers who undertook counsellor training and, while working as counsellors, they maintained their teacher registration. They were known as *Guidance Counsellors* with well-defined roles, requiring specialised training that was supported by the Department of Education. Things began to change in the 1980s with a move to self-managed schools and in the 1990s the requirement for there to be a particular ratio of counsellors to students was removed. The Board of Trustees for each school was responsible for the appointment and management of school guidance counsellors. So although schools are now left to their own devices they are also obligated under The Education Act (1989) to ensure that students have access to guidance counselling. Crowe (2006) notes that some schools are now moving towards dropping the word guidance from their title to make it simply School Counsellor; this is also the case for the school where I served as an intern.



The Education Act (1989) has always been interpreted to bring counsellors under the umbrella of teaching staff. “Guidance counselling in schools is regarded as a teaching role which advances the learning of students, and therefore a LAT is required if a non-teacher is appointed” to a counselling role (NZPPTA, 2015, p. 5). A LAT is a Limited Authority to Teach. A LAT enables a counsellor to be paid out of the entitlement staffing allowance and to be covered by the Secondary Teachers’ Collective Agreement. This conflicts with the findings of Manthei (1999) who notes that from as far back as the 1990s school counsellors did not need to be trained teachers. So therefore a LAT should not be required for a counsellor who is not a teacher.

A further aspect of context that is relevant to my research is that it takes place in the city of Christchurch, New Zealand. In September 2010 and February 2011 Christchurch and the surrounding area was struck by two severe earthquakes that caused widespread damage to city infrastructure as well as commercial and private property. The February earthquake was particularly devastating with the loss of 185 lives. In the years since then the focus has been on the physical repair and rebuilding of the city. Through these years Christchurch residents have also endured thousands of aftershocks, which are a pattern of ongoing smaller earthquakes, common after large earthquakes, (the severity of which decay over time) and these can continue for years.

On the 10th of May, 2016, an article in The Christchurch Press commented that: “The Ministry of Education could have helped prevent an ‘escalating crisis’ if it reviewed the number of counsellors working in schools sooner, a report says” (p. A4). The escalating crisis referred to the mental health issues bought on by the stress of the Canterbury earthquakes and the flow-on effect this was having with young people in Christchurch over and above normal teenage angst.

In the article quoted above The Press referenced a 2013 report released by the Education Review Office; *Improving Guidance and Counselling for Students in Secondary Schools*. The report discusses the existence of a Guidance Staffing Entitlement (GSE) which allocates the number of guidance staff within a school, based on the size of the roll. The newspaper report contained a quote from one school principal who said that additional counselling staff would be at the “expense of the curriculum”. Speaking anecdotally and based on what I have learned about the school environment as an intern counsellor, what I believe is being referred to is that individual schools have their own preset budgets. They need to work with the funds available for the hiring of all staff and decisions are likely made based on what the governing Board of Trustees of each school consider to be priorities. This is a good example of the financial tensions that exist within the education system which in turn has an impact on the ability to provide an effective counselling service.

Crowe (2006) discusses how, in 2006 at least, for registration purposes guidance counsellors are classed as teachers not counsellors. This means that guidance and counselling work can go unrecognised even though the Ministry of Education provides funding each year for counsellor training. A survey conducted amongst guidance counsellors in 2004 by the PPTA showed that only 66% of the respondents were members of the NZAC. Because counsellors are classed as teachers and with only two thirds of them belonging to the NZAC, this could create a situation where the school counselling service is marginalised and the school counsellors feel invisible and devalued. This view is supported by Crowe (2006) and Hermansson and Webb (1993) who discuss how school guidance counsellors can find themselves almost between a rock and a hard place. Within the school context they can feel marginalised within the dominant teaching culture that may not see value in the school’s counselling service. Outside the education context they are not specifically catered for, or

represented by, any external authority that understands counselling in schools. This illustrates the impact that politics can have on the delivery of school counselling.

Counsellors are likely to be teachers by default. The “this is the way we have always done it” narrative shines through and is supported by a contractual, legal and political framework (NZPPTA, 2015). I can see both sides of the argument. A teacher trained counsellor will have training and experience that means they understand what goes on in a classroom and in working with children. On the other hand, in my case, for example, my undergraduate degree is in psychology, my background is varied and I have no experience of the education system. I believe that this is beneficial because it means that I am not seen by the students as just a special sort of teacher. This could allow me to act more effectively as an advocate for the student. This view is supported by Goddard (2007) who says that a major driver behind students not seeking to access counselling services at schools are concerns about confidentiality and privacy. It is possible that this could be mitigated if the students view the counsellor as a specialised position, independent from teaching staff.

Brasher (2009) discusses how with heavy caseloads, the expectations of principals and staff, increased mental health issues among students and multiple non-counselling duties there is a high need for a brief and effective approach that can bring about desired change in a short space of time. For these reasons SFBT has been found to be effective in school environments (Kim & Franklin, 2009). The brief nature of this modality satisfies the requirements set out above and the increased demand for school counselling is particularly relevant and applicable in postquake Christchurch (as reported in The Press noted earlier in this chapter). Solution-focused brief therapy, as a modality, seems to be a natural fit for working with students within a school setting and then students and families with enduring and complicated issues can be referred to external agencies. SFBT is also seen as an effective approach for counselling in school settings because it can provide benefits within a few

sessions. This minimises the time that students who are seeking counselling will be out of class. The solution-focused, rather than problem focused, approach of SFBT also resonates with students because it can help them to develop problem solving skills and increase their self-esteem as they mature into adults (Brasher, 2009). The effectiveness of SFBT in a school environment is also supported by Kim and Franklin (2009) who reviewed existing published studies on SFBT in schools conducted between 1988 and 2007. Although there were varying degrees of robustness with the quality of the study designs, overall, SFBT was found to be an effective and appropriate intervention especially for salient issues of concern to school practitioners such as behaviour and academic achievement. A major benefit of SFBT was noted to be its effectiveness in bringing about desired change quickly (Kim & Franklin, 2009).

The benefits of an effective school counselling service are self-evident: free service for young people to gain counselling. Appointments, in the school where this research was conducted, are held during school time and they can be held without the knowledge of the young person's care-givers or parents.

## **2.5 Social Constructionist Approaches to Therapy**

The miracle question sits within the SFBT modality of counselling and SFBT, in turn, sits within what Jones-Smith (2016) describes as “the fourth force in psychotherapy” (p. 373), that of postmodernism and constructionism / constructivism. This is an epistemology that argues reality is not out there waiting to be discovered, but rather it is constructed within and between people on a continuous basis, as they experience the world, and when they communicate with one another. This is in contrast to the modernist science driven epistemology of positivism that holds there is an objective reality and universal truth that can be observed and measured (Tuffin, 2005). Within a positivist framework language is only

used to communicate existing truth and meaning, not create it, as is the case with constructivism and social constructionism

In the literature the terms *constructivist* and *constructionist* are sometimes used interchangeably as if they are two words for the same thing. They also may or may not be preceded by the word *social*. For example, Jones-Smith (2016) holds that postmodern is also known as constructivist (e.g. p. 373). A hundred pages later, under the heading *Solution-focused therapy and social constructivism* Jones-Smith writes that “Solution-focused therapy is based on the principles of social constructionist philosophy” (p. 488). Burr (2015) defines constructivist thinking as the idea that each person constructs their own view of the world and the meaning that comes with that then informs their experience. Constructivism sees the individual as “an agent who is in control of the construction process” (p. 22). This stands in contrast with (social) constructionism which views constructions as products of social forces and is therefore something that happens between people (Burr, 2015).

As a postmodern concept, social constructionism takes a critical stance against taken for granted knowledge and is anti-essentialist in nature. Being anti-essentialist is to hold the view that there is no predetermined, or given, nature to people or the world that awaits discovery. There is not an essence inside people or things that make them what they are (Burr, 1995). In my intern placement work with adolescents I have already seen the ease with which adolescents can try on different ideas and ways of being. This suggests that adolescents are possibly more open to something different.

Social constructionism holds that language plays a part in constructing various social realities (Tuffin, 2005). Within these realities knowledge and understanding are constructed and sustained by social processes. Language is considered to be a dynamic and active creator of meaning rather than a passive delivery mechanism. In this way discourses are created and

maintained. The social constructions that people agree on then drive how they act and respond to the world (Burr, 1995).

Within the context of counselling, language can become nuanced in ways that serve the client / counsellor dynamic when compared to normal conversation. The use of language to construct the social reality of counselling can begin to be understood by reviewing Shawver (2012) who discusses the idea of talking to listen. This is the term used to describe something Shawver calls a *tiotol* (pronounced tea-yodel). A *tiotol* is a therapeutic approach designed to elicit a response from the client that will allow a useful conversation to take place. It involves the counsellor speaking “as a listener and not as an author” (Shawver, 2012, p. 23). In this way the counsellor is talking only to elicit a response from the client. Bavelas, Coates, and Johnson (2000) also report on an experiment to test the co-constructive nature of narrative story-telling. They found that the way the listener responded, as the story was told, informed the way the narrator told the story. Listener responses fell into two categories: *Generic* responses included such things as nodding and saying things like “ok”, “yes” and “uhum” (p. 943). *Specific* responses were in relation to an actual part of the story and were things like exclamations and wincing (p. 943). Further evidence to support the potential for counselling co-constructiveness is found in Stivers (2008), who reports on how a listener’s nodding during story telling can serve to align and affiliate the listener with the speaker’s stance. This literature is relevant because it reports on how new meaning is able to be constructed between two or more people even when only one person is talking. A skilled SFBT counsellor understands that language and talk are used in different ways to achieve different things within a counselling context compared to normal conversation. The counsellor can be the listener and / or the narrator. Both positions provide opportunities to influence the conversation to facilitate the construction of meaning that is useful for the client. To further develop this thinking the analogy of a game can be used. The client and

counsellor conversation can be seen as a language game and it has its own rules compared to other types of talk (Miller & de Shazer, 1998).

As a social constructionist concept, language games is discussed in Miller and de Shazer (1998) and further developed in Lock and Strong (2010). *Language games* is a term originally coined by the philosopher Wittgenstein (Lock & Strong, 2010). It describes how language is used to construct and develop systems of communicating and understanding. Miller and de Shazer (1998) discuss solution-focused therapy as a job that involves language games. Solutions are part of a language game that does not need to be connected to the language game of the problem that brought the client to counselling. For this reason it is thought that not only is it not necessary to find the causes of clients' problems to construct solutions but that devoting time searching for causes may make the problems worse (Miller & de Shazer, 1998).

## **2.6 The Rumour of Solution-Focused Brief Therapy and my research question**

The final section of this literature review circles back to the miracle question and the larger subject of SFBT. A theme that emerges from the literature is the notion that SFBT and the miracle question can be thought of as a rumour (Miller & de Shazer, 1998; Iveson & McKergow, 2016). I found the rumour metaphor useful because it provided an ontological pathway to make sense of the literature. The unpacking of this enabled me to highlight gaps in the existing research on the miracle question and to fine-tune my own research question, which is presented at the end of this section.

In their essay: *Have you heard the latest rumour about....? Solution-focused therapy as a rumour* (1998) Miller and de Shazer describe solution-focused therapy as “a series of stories that members of diverse counsellor communities tell one another” (p. 363), operating in the same way as a rumour is spread. This explanation also speaks to the social constructionist framework that solution-focused therapy sits within (Jones-Smith, 2016),

which holds that discourse is constructive and transformative rather than merely a conveyer of existing meaning (Tuffin, 2005).

A lot of what is thought of as SFBT lacks empirical evidence that stands in support of the theory. Iveson and McKergow (2016) discuss this and, in effect, the rumour - like quality of SFBT when they refer to the modality as a “fuzzy bundle of ideas and practices” (p. 1) rather than well-defined facts. The thought is that the evolution of SFBT has come about more by storytelling than through the establishment of a scientific discourse (Iveson & McKergow, 2016).

Even though there is firm evidence of SFBT’s effectiveness, as discussed already in this literature review, SFBT has remained absent in the academic world of psychiatry and psychology (Iveson & McKergow, 2016) because of the way it is has been disseminated through a storytelling discourse. This means that it is disadvantaged in the larger mental health field because academic discourse in this area is medicalised. Iveson and McKergow (2016) suggest an alternative by proposing the idea of viewing SFBT as a “clinical philosophy” that is “interested not so much in causes and cures as in influences and possibilities” (p. 1).

Storytelling is also viewed as a common way of communicating in metaphor when engaged in psychotherapy (Barker, 1985). It is here that my interest in the use of rumour as a metaphor to conceptualise SFBT finds traction, and within SFBT a miracle is a metaphor for a sudden and unexpected, but desirable, change. I am aware that there is some resistance to the term miracle mainly because of the religious connotations attached to it (e.g., Hanton, 2011). However, the utilisation of a storytelling or rumour metaphor serves as an argument for using the actual word miracle instead of inserting other variations, such as “something wonderful” (Hanton, 2011, p. 77) in its place. Wittgenstein’s concept of language games (Locke & Strong, 2010) is another philosophy that has informed my learnings and is



supportive of the use of metaphor. Playing the right language game (Miller & de Shazer, 1998) is what gives the otherwise fanciful notion of a miracle its legitimacy. “Our talk gets its meaning from the rest of our proceedings” (Wittgenstein, 1969 cited in Lock & Strong, 2010, p. 154).

Although the technique is called the miracle question it is not actually a question but rather it is “a framework for a whole series of questions” (de Shazer, 1988, p. 5). This was noted by de Shazer as long ago as 1988 yet this technique has always been known as the (one, singular, not plural) miracle question. This, on its own allows for the possibility of it, not so much being regarded as something that it is not, but being regarded as something less than what it is. Although support for the idea of viewing questions as being therapeutically constructive in their own right can be found in the literature (e.g., McGee, Del Vento, and Bavelas, 2005) the co-constructiveness of the miracle question as a larger, total process or sequence, in and of itself, is missed. For example, in McGee, Del Vento, and Bavelas (2005) one of the examples used is the asking by Berg of the miracle question. McGee et al. (2005) use a process of microanalysis to examine how the questions Berg asks are constructive; however, the questions are examined on a question by question basis, which means that the constructiveness of the miracle question as a complete sequence or process is missed.

The notion (rumour) of the miracle question as just a question has possibly endured because one of the documented ways that it was discovered was when Berg responded to what a client was saying by asking “OK, suppose a miracle happened, and the problem that brought you here is solved. What would be different about your life?” (De Jong & Berg, 2013, p. 91).

I was initially aligned with this version of the rumour and my thinking was that I would research the (one, singular) miracle question. As my research of the existing literature began it became clear to me that thinking about the miracle question in a singular fashion

would be challenging. I modified my approach and thought I would research what I considered to be the traditional or original version of the miracle question; however, my ongoing review of the literature raised the question of whether there is even such a thing as a traditional or original version. I tended to assume that ideas of traditional or original refer to whatever was said the first time whatever it is was spoken, used or applied. In the case of the miracle question the literature suggests that this is not an especially useful nor accurate framework because there are different documented versions that all purport to be measures of the same thing (e.g., De Jong & Berg, 2013; Lipchik, Dereks, Lacourt, & Nunnally, 2012).

With multiple meanings a rumour contradicts previously taken for granted knowledge and it can contradict itself.

Now, I want to ask you a strange question. Suppose that while you are sleeping tonight and the entire house is quiet, a miracle happens. The miracle is that the problem which brought you here is solved. However, because you are sleeping you don't know that the miracle has happened. So, when you wake up tomorrow morning, what will be different that will tell you that a miracle has happened and the problem which brought you here is solved? (de Shazer, 1988, p. 5 cited in De Jong & Berg, 2013, p. 91)

The miracle question set out above (as also set out in the introduction of this document) was sourced from a 2013 book by de Jong and Berg. Both (Berg in particular) are recognised as experts and authorities in the field of SFBT. This book, in turn, had cited the miracle question wording from an earlier book by de Shazer (1988) who is generally regarded as the inventor of SFBT (Hanton, 2011). I obtained a copy of the earlier book and there the actual wording used is:

Suppose that one night, while you were asleep, there was a miracle and this problem was solved. How would you know? What would be different? How will your husband know without your saying a word to him about it? (de Shazer, 1988, p.5)

This is quite different from the miracle question set out in the 2013 De Jong and Berg book (referenced above) that used the 1988 de Shazer book as a reference source. This serves as an example of the ethereal nature of the miracle question, and SFBT to an extent. I came to see the rumour like (Miller & deShazer, 1998) quality of SFBT more and more clearly as my research into the literature progressed. The philosophy of social constructionism holds that meaning-making emerges through the discourse between people. Words are not merely passive conveyors of existing information (Burr, 2015). Thinking of SFBT as a rumour provides a way to understand and to attempt to convey that understanding. It also makes one available for new learnings.

The Miller and de Shazer (1998) rumour essay discusses SFBT from the perspective of Wittgenstein's philosophy of language, which is described as a politics of possibilities and postmodernist social thought. Miller and de Shazer (1998) hold that even the development of scientific fact is similar to rumours. This is echoed by Fleck (1979) who, in his book *Genesis and development of a scientific fact*, discusses how scientific knowledge is the inevitable social product of the time. Fleck goes as far back as the 15<sup>th</sup> century to provide examples of how even empirical observation is no match for entrenched thought and tradition. Even scientific knowledge can have rumour like qualities. "Cognition is the most socially-conditioned activity of man and knowledge is the paramount social creation" (Fleck 1979, p. 42).

McKergow (2016) discusses how, in SFBT, the question "how would you notice that the miracle has happened" is often asked (p. 1). This question is designed to encourage the client to look ahead into the future and think about the difference the miracle makes in

everyday life. McKergow (2016) notes that this is not the same as asking about “how to make the miracle happen” (p. 1). With this research I am interested in investigating how the miracle happens and that will involve trying to understand what is actually constructed.

I learnt about the importance of the pauses in the delivery of the miracle question by watching a YouTube video in which de Shazer makes an appearance (Bucklaw, 2012). In the video clip de Shazer says that the pauses are part of the miracle question and are very important in the same way that pauses in music are important. He elaborates by saying that if it were not for the spaces between the notes there would be no music. In a similar vein, the pauses in the miracle question delivery give the client time to think about what has been said and to keep in time with the counsellor.

What makes this noteworthy is that it is an important aspect to understanding the miracle question and although the importance of the pauses is documented (e.g. Miller & de Shazer, 1998), little has been specifically written about why they are important and how they work. For example, in the delivery of the miracle question, Dolan describes her use of “a comfortable pause between words....which I oftentimes have seen done by Steve and Insoo” (de Shazer, et al., 2007, p. 24) as being helpful for the client to feel comfortable and secure, but why pauses are useful and how they work, is not investigated. This project seeks to better understand the use of pauses.

“Rumors are stories that pass through communities” (Miller & de Shazer, 1998, p. 363). And they persist. In 1988 de Shazer wrote that his work had been based on the principles of Erickson obtained from the writing produced by Erickson. This resonated with what I thought I knew about the creation of SFBT, that everyone knows that Erickson was a major influence, and there is much literature that positions Erickson as profoundly influential (e.g., de Shazer 1988; Jones-Smith, 2016; Macdonald, 2011; Stalker, Levene, & Cody, 1999) with much of it referencing de Shazer’s early writing as the source of this truth.

This, however, contrasts with McKergow and Korman (2009) who write about how in 2002, during a workshop in Sweden, de Shazer was asked how he became a counsellor. He answered by saying that in the late 1960s he came across Erickson's work and he was so impressed with it that he started a research project to replicate the rules around the interventions that Erickson used. Confident that he had been successful in doing this he started to see cases of his own. It was not until 15 years later when de Shazer saw a filmed session with Erickson that he realised that he had, in actual fact, invented something completely different. He had not been doing Ericksonian therapy at all (McKergow & Korman, 2009).

### **Conclusion to Literature Review**

Existing literature examines historical use of the (one, single) miracle question by SFBT masters (Weatherall & Gibson, 2015) or examines the miracle question in isolation (e.g., Strong & Pyle, 2009). There does not appear to be literature that considers the miracle question as a larger sequence or process, rather than just a standalone question. The miracle question seems to feature primarily within SFBT as just a gateway to other interventions, the preferred future, the finding of exceptions, the scales and other SFBT therapeutic tools. The research project here will add to the existing literature about what is actually going on between the client and counsellor when they are doing a miracle question sequence.

This research examines my practice as a new counsellor and positions the miracle question as a process or sequence, in and of itself, within a larger therapeutic context. This will provide practical and applicable research findings that are useful for solution-focused counsellors. This is not an attempt to get the story right but rather, as Miller and de Shazer (1998) articulate, and from which I borrow, it is an attempt to get my version of the story straight (Miller & de Shazer, 1998) and in the process address and answer the following:

- How is the miracle question co-constructed and experienced by adolescents in solution-focused counselling sessions?

## Chapter 3: Ontology, Methodology, Method and Research Design

### 3.1 Ontology and theoretical perspective

I hold the view that everything that has gone before serves to bring me to where I am today. The Master of Counselling programme has introduced me to the skill of reflection and reflexivity. Having the 'good fortune' to now be middle aged provides me with some life experience to reflect on. Through this process I have identified three ideas that are important to me:

Altruism: A genuine regard for the wellbeing of others from a selfless perspective.

Service to others: As opposed to helping or fixing. Helping is based on inequality and incurs debt. To fix another suggests they must first be perceived as broken, whereas service to others, as Remen (1999) suggests, assumes existing resourcefulness and serves to strengthen both parties.

Authenticity: Speaking truthfully and honestly about experiences while not claiming any one reality as the only truth of a given situation. There are many versions of the truth.

These ideas are ways of thinking that serve me as personal anchor points on a life-long learning journey that had humble beginnings....

For various reasons I was labelled by my parents as a shy boy. I grew up in blue collar South Brighton, Christchurch, New Zealand and as an eight or nine year old (46-47 odd years ago) it was my job to ride my bike around to the local fish and chip shop to get the fish and chips for the family on Friday or Saturday night. After I had given over our order I would go and stand at the back of the fish shop and gaze out of the large floor to ceiling window, that ran the width of the shop, on to the footpath and road until our order was called.

I vividly remember one occasion standing at the back of the fish and chip shop looking out the big window. Instead of looking at my battered old bike lying in the gutter I

was actively imagining a light blue MGB Roadster parked at the kerb. I knew about these cars because an uncle of mine owned a light blue one around this time. He had recently called round to our house in the MGB and he had taken me for a ride in it. It was a sunny day, the car was a two door sports convertible, the top was down and off we went!

And so, in my mind's eye on this day in the fish shop, that car was mine. Although I did not know how to drive I was nonetheless vividly recalling (in my mind) how I had just driven it to the fish and chip shop instead of riding my bike. As I stood there in the fish and chip shop I was recalling how I had zoomed down the road, made a crisp U turn and pulled up outside the shop, revved the engine before shutting it down, opened the door, and climbed out. I imagined myself as being much taller... and wearing cowboy boots. When the car door shut it made a heavy clunk sound. Gear lever in the middle, leather and wood trim, sports steering wheel, chrome alloys, leather and oil smell. This was more than a day dream. In more recent years I have reflected on this and reconstructed the episode as a self-induced hypnotic state.

I was so lost in my dream they had to call out that my order was ready three or four times before I became present. I grabbed the order and ran out of the shop to find that the MGB had vanished and my old bike was lying there in its place. I dutifully pedalled home.

My Uncle sold the car shortly after that time.

Fast forward 10 years or so and now I am aged 19 and thinking about buying my first car. There was one particular car sales yard (many years before the advent of the internet or TradeMe) that I would ride past on my motorbike each day to and from my job as a butcher's apprentice. One day I spotted the car I would buy. It was parked right at the front of the car yard, the one I rode past each day, so I could not help but see it, almost as if it were presenting itself especially for me. The car I bought, my first car, turned out to be the actual car that my uncle had owned and sold all those years before. It was the same car that, as a



little boy, I had vividly imagined also owning. I can remember that, as a little boy, my thinking had not been about having a car like that when I grew up or when I got my driver's licence or when I had saved up some money or whatever.... It was not contingent on something happening at some other time and place. My thinking had been firmly ensconced in the here and now. At the time my imagining was very much about me already owning that car. I did not immediately realise, when I bought it as my first car, that it was the same car my Uncle had once owned. But when I found out, I wasn't especially surprised. That I would have this car just made sense.

I tell this story now because it is my earliest memory of anything resembling solution-focused, constructivist thinking. Approximately 43 years later, in early 2015, I attended my first two day training course in the Master of Counselling programme at the University of Canterbury. Solution-focused therapy is the foundational modality of this programme. What I was exposed to in just those two days felt like a distillation of the sum total of all the useful, how we experience the world, knowledge ever accrued in my life.

My undergraduate degree is in psychology. Social psychology and critical psychology are both champions of postmodern thinking and recognise the importance of language (Tuffin, 2005). I have previously held the view that psychology and solution-focused counselling are related, albeit uneasily, with one able to be compared and contrasted with the other. I have offered a definition of counselling in Chapter 2 of this research project and I recall psychology being defined in one of my very early study guides as the study of individual subjective experience. I know that my solution-focused counselling is informed by my undergraduate training but a degree in psychology is not a prerequisite to undertake training in solution-focused counselling. Now that I have gained a deeper understanding of solution-focused counselling through the Master of Counselling programme, I am less inclined to view the two disciplines as being related. They have, however, added to a combination of

experiences that underpin what Rennie describes as “horizons of understanding” (Rennie, 1994, p. 429). My horizons of understanding are definitely social constructionist / constructivist in nature. I am a firm believer in the power of solution-focused counselling as a social constructionist change agent and producer of knowledge. I also aware of the power and influence of the voice inside our heads with respect to individual meaning making.

All of this exists and plays out within our effective environments or *umwelt*. This is a term that was used by a German biologist, von Uexkull in his 1934 paper *A stroll through the worlds of animals and men: a picture book of invisible worlds*. In it von Uexkull discusses his notion of an organism’s effective environment or *umwelt* which is the subjective experience of the organism in that it is built to perceive objects that are meaningful and useful. Simple animals live in simple worlds and complex animals live in complex ones. Von Uexkull discusses the environment and the *umwelt* of a honey bee and uses the example of a meadow. The meadow with all its grass, trees, flowers and other animals and insects is the environment of the bee; however, the bee’s perceptual system only detects blossoming flowers because they are the only things that are meaningful for it. Blossoming flowers are the bee’s *umwelt* (von Uexkull, 1934).

A fundamental basis implicit with SFBT is the presumption that humans, unlike honey bees, have choice around what they focus on and pay attention to. We can alter our effective environments (our *umwelts*) and change our perspectives. An everyday example is the “new car effect”. This is where you buy a new car and, for the first time, you begin to notice how many other cars like your new car there now seems to be on the road when previously you didn’t see them. Or, at a social gathering, you will always notice the sound of your own name being spoken above the din of conversation.

People construct, on a continuous basis, useful versions of subjective reality, and convey, share, and create these realities through the use of language. This speaks to my

constructivist leanings (discussed further later in this chapter) and recognises the influence of my earlier training in psychology. These are both aspects that shape my personal ontology in ways relevant to this thesis as a whole, and also to the way that I have approached addressing the research question.

### **3.2 Methodology**

The study is on SFBT, a counselling modality that is focused on solutions and how things would be different in the absence of the problem or whatever it is that is troublesome for the client. The aspect of SFBT under scrutiny is what happens when I utilise the solution-focused miracle question technique in my role as a secondary school counsellor.

This research was, effectively, a study of the use of language within my own counselling practice. I knew what aspect of my practice I would focus on but I began with no preconceived hypothesis or ideas of what I would find other than that it would involve an in-depth and detailed analysis (Patton, 2002). This meant that a qualitative research methodology was an appropriate approach in this case. Polkinghorne (2005) describes qualitative research as a methodology that sources data from interactions including language.

Utilising qualitative methodology meant the study would encompass self-reporting of my personal experience, the counselling sessions themselves and the client's contributions to the research. Everything about it, including the research question itself, evolved as a consequence of the overarching reflective process that I engaged in. Within the framework of a qualitative methodology questions, ideas and understandings are developed from the data themselves rather than the data being tested against pre existing models and hypotheses (Taylor, Bogdan, & Devault, 2016).

A qualitative approach allows constructivist / interpretive research paradigms to be explored in contexts where the relationship between the researcher and the participant is central. In this way the object of study becomes what is jointly constructed with the

interactive researcher / participant dialogue (Ponterotto, 2005). In contrast, Williams and Morrow (2009) make a distinction between constructivist and interpretivist approaches. They hold that with an interpretivist approach the researcher stands at a certain distance from the research. This compares to a constructivist approach where the researcher becomes immersed in the participants' experience. Schwandt (1998) also distinguishes between constructivist and interpretivist approaches but in both cases the researcher must interpret the world in order to understand it. Either way, as pointed out by Schwandt (1998), the constructivist and / or interpretivist approaches are to do with issues of knowing and being, not research methods as such.

I make the constructivist / interpretivist distinction because I find myself standing both outside the research process as observer and within the process as participant and creator of what it is I am researching. Each vantage point offers a different view of different things. As an external observer I realised that a fundamental assumption underpinning this research was that the miracle question already existed as an agreed upon therapeutic strategy that is delivered in a certain way. However, in a way akin to a rumour, as already discussed in Chapter 2.6 and based on the literature searched, it would seem that the miracle question is an evolving concept.

My acknowledgment of constructivist philosophy is born from my own life experiences, one of which is described above. It also stems from my knowing that clients' lives are not lived in the counselling room. If a measure of the effectiveness of counselling is in the difference it makes in clients' lives then the client must take something with them when they leave the counselling room. Social constructionism is to do with the conversations we have with each other. Constructivism is to do with the conversations we have with ourselves. These concepts were discussed and defined in Chapter 2.5 of the literature review. Constructivist and interpretivist ontologies of knowing and being inform my methodology

because of the way they allow me to shift vantage points and because of the way they allow me to ask, on an ongoing basis, the question, what is happening?

### **3.3 Method and research design**

#### **3.3.1 Participants and settings**

Because I am an intern counsellor at a co-educational secondary school, I am very well positioned to conduct counselling research in this area using an interpretive perspective. The time I had spent embedded within a school counselling environment had been a useful experience with respect to how I would conduct myself as a participant observer when I conducted my research. According to Taylor, Bogdan, and DeVault (2016) “most qualitative researchers attempt to enter the field without specific hypotheses or preconceptions” (p. 30). This is because, when it comes to qualitative research, it is not until the researcher enters the field that it is clear what the questions to ask are, and what it is that needs to be known. Earlier preconceptions may be misleading or incorrect (Taylor, Bogdan, & DeVault, 2016). Because I had already been in the field for a period of time I had begun to develop some idea of the aspect of my solution-focused practice that I would focus on. Although this is beneficial on one level I needed to ensure that I did not carry preconceived ideas with me into the research and I feel that I achieved this. Initially I had no idea what I was looking at. I fitted my research in around my day to day work load, I had no preconceptions or hypotheses and at the end I had some video recordings of counselling sessions that I looked at and thought about as they were compiled.

My research took place in the counselling department where I work as an intern counsellor. The school employs counsellors to provide free and accessible counselling to students, staff, and parents on an as required basis. Students can make an appointment to see a counsellor by filling out an appointment request card, by e-mail or by coming in to the counselling offices and speaking to a counsellor. Students with possible counselling needs

also come to our attention through referrals from other students as well as teachers and the school deans. Counselling appointments with students are scheduled in advance by e-mailing the student or a note asking them to come directly to the counsellor's office is sent to their class. Email requests for appointments can be a little hit and miss. Although most students seem to have smart phones and access to data is available through the schools Intranet system, some students are very good at picking up e-mails but others do not seem to bother at all. To maintain a degree of formality and distance I generally do not text students. Repeat appointments can be scheduled with the student at the end of the previous appointment.

This year I have been at the school for up to four days a week both as an intern counsellor and, in the later part of the year, employed as an actual counsellor. I was also an intern counsellor at this school last year, and this two year internship fulfilled the course requirements for the Master of Counselling degree at the University of Canterbury.

I worked with the head of the student support facility (HOF) and we co-constructed a deliberately broad and general advertising e-mail (Appendix B) that was sent by the HOF to all senior students (aged 15 to 17 years) including those that I had counselled previously. This initial e-mail was sent on the 16<sup>th</sup> of August, 2017. Over the next week I received 20 e-mailed responses and I replied to each one with an e-mail to thank them for their interest. At the same time I began to schedule individual meeting times, through e-mail, for an initial face to face meeting where I would explain the research and give each student the participant information sheet and consent form (Appendix C), the parent / caregiver information sheet and consent form (Appendix D) as well as a key contact sheet (Appendix E).

From then until the end of September I scheduled meetings to collect the completed consent forms and to conduct and record counselling sessions. In the process of doing this, several opted to withdraw from the research, several I judged as unsuitable because they were foreign students and their grasp of English (by their own admission) was not sufficiently

strong and there were several that I was unable to subsequently contact either for the initial meeting or for the follow up meeting to collect consent forms. Ultimately I recorded a total of 12 sessions. Four students were from Year 11 (aged 15 years), five from Year 12 (aged 16 years) and three from Year 13 (aged 17 years). Of these there were five females and seven males. Out of these there were two students that I had counselled before.

That only two existing clients volunteered for the research was of interest to me. I thought that there would have been more; however, upon reflection, there are possibly many reasons for this. Existing clients may have felt that the existing counselling relationship in some way precluded them or would detract from the counselling work they had engaged in previously. Or it might be that because I was known to them and had possibly already used the miracle question with them that it was just not of interest to them.

### **3.3.2 Ethical considerations**

Ethical approval for this research project was applied for as part of the research approval process. The application was approved and ethical approval was granted by the Educational Research Human Ethics Committee at the University of Canterbury (Appendix F). I followed the processes and procedures set out by the Ethics Committee and the rules of the school counselling department.

I was already embedded in the school environment. This meant that I was known to many of the students and by this stage of the year I had become established within the counselling department at the school. There was some departmental expectation (at least I perceived there was) around the numbers of students I would see each week in the normal course of my counselling duties, which meant that, day to day, I was busy. Taking the situational logistics into consideration with the way school counselling appointments are made and the ethical considerations of working with adolescents meant that my research subjects would not be able to be drawn from my usual stream of clients. This meant that,

whilst my research involved normal counselling it needed to be conducted outside of what had become my usual counselling duties. In this way I was able to ensure transparency, willing participation, and clarity about working with the clients' best interests upper most in my mind. I would not have seen these students for counselling were it not for my research project and this removed the counselling / research tension. And in all cases, I was a counsellor first and foremost during our counselling session.

Other ethical considerations revolved around voluntary and informed consent, respect for confidentiality and privacy, removing the potential for deception, and recognition of the principles of the Treaty of Waitangi.

- **Consent is voluntary and informed.**

Because of the reflective nature of the miracle question it was assumed that the senior students would be likely to provide a rich source of data and also be likely to benefit personally from the counselling session. The brief e-mail (sent as described in the previous section and included as Appendix B) alerted the students to my research and invited anyone interested in participating to e-mail me directly. I replied to each respondent to thank them for their interest. Several of the responses were tentative with the respondents expressing mild interest subject to me providing further details through e-mail (which I duly provided). These respondents did not progress. I arranged meetings over the next few weeks with the rest of the respondents as set out in the previous section and, as also described previously, when we met I gave them:

- the information sheet that described the research (Appendix C)
- the consent form (Appendix C)
- the information sheet for their parents or caregivers that described the research (Appendix D)
- the consent form for their parents or caregivers (Appendix D)
- the sheet containing the contact details of key people (Appendix E)



I was not able to arrange meetings with all the remaining respondents because several did not respond to my e-mail for a meeting. I suspected that they changed their minds so I did not pursue them. Several others withdrew their interest once they learned more about what was entailed. In all cases the respondents that were subsequently recorded returned the completed consent forms prior to conducting the recorded session. That some of the respondents withdrew at various stages of the recruitment process suggests an open and transparent process that was non coercive.

- **Confidentiality and privacy are respected.**

Consent forms were stored in a locked filing cabinet in my office. All recordings were stored in a password protected Internet based storage facility (the cloud). A copy of the recordings was kept on my laptop computer and that is also password protected. These files were identified by number only, not the student's name. This meant that they could not be tied back to the consent forms. Sessions that were subsequently transcribed were cleansed of all potentially identifying information.

- **Deception is limited**

I would not have counselled these clients had they not volunteered to attend a counselling session as part of my research. This meant that, even though we discussed real issues, there was no potential for ambiguity or thoughts of deception around the purpose of the meeting. In some instances topics for discussion emerged organically, and other times the clients had come prepared to discuss something specific. Either way, the issue, in and of itself, was not troubling the client to the extent that they had previously sought counselling specifically for it.

- **Cultural sensitivity and the Treaty of Waitangi obligations are recognised.**

The Treaty of Waitangi was signed on February 6<sup>th</sup> 1840 between the British crown, representing settlers who had come to New Zealand, and the indigenous people of New

Zealand (Māori). New Zealand is one of the few countries where the newly arrived colonisers signed a treaty with those already inhabiting the country. The treaty is comprised of three articles and it was created to recognise the rights and obligations of both parties and to ensure harmonious relations; however, as history has shown; this has not worked as well (to the detriment of Māori) as it needed to. There were vast cultural differences around notions of partnership, sovereignty, and ownership. Rather than there just being two parties to the treaty in reality there were multiple stakeholders on both sides. Māori were not just one people. They comprised many different tribes. The colonisers were made up of traders, whalers, farmers, civil servants and missionaries. So there were tensions from the start and these same tensions still influence bi-cultural issues to this day (Webb, 2000).

Researchers need to be mindful and respectful of Māori worldviews around issues such as data collection, ownership of data, and consent, and adhere to any specific protocols as part of the ethics approval process.

Most qualitative research designs allow for data to emerge as research progresses. This makes it difficult, as argued by Morrison and Scott (2006), for the researcher to provide participants with a full and complete description of what is going to happen at the start. It is therefore accepted that consent is never absolute and that the researcher needs to negotiate continued access at various points as research progresses. I saw each participant just once and we engaged in a counselling session of approximately one hour. Although ongoing consent was not required for further meetings much can unfold in a single counselling session. I felt it important to be cognisant of whether or not the original consent continued to apply throughout and to be prepared to seek ongoing consent if required. As it came to pass, this was not required. All the sessions ran smoothly and were within the bounds of the information originally provided to the subjects.

Because my research was conducted in a school setting the school principal and the school Board of Trustees also received information sheets and consent forms (Appendices G & H) that were duly signed off prior to research commencing.

### **3.3.3 Data**

I recorded the counselling sessions that were to be the subject of my research using the video camera built into my laptop computer. Technically speaking, my data were the recorded sessions and my reflective notes. The research focus was on the segment of the counselling session containing the miracle question sequence. It was this segment of the counselling session that was subsequently transcribed for analysis. A qualitative research methodology provides the framework for an exploration of the research questions utilising these data as the information source.

Of the 12 sessions that were recorded I did not ask the miracle question in four of them. This was because, in my view, the nature of the conversation did not lend itself to the use of the miracle question because the student, whilst keen to talk about what was going on for them, did not present with a problem or anything that they would like to change. I could have possibly worked with these students to construct a preferred future of some sort even in the absence of a problem. However, I was interested in recording sessions that were as true to life as possible so, with the best interests of the students of uppermost importance, I stayed true to the SFBT maxim: if it's not broken don't fix it. With the remaining eight participants I asked the miracle question each time but only four of these clients turned out to have an actual problem that was troubling for them that they wanted to work on. These four were selected for analysis and the segment of these counselling sessions containing the miracle question sequence was subsequently transcribed.

### 3.3.4 Rigour and trustworthiness

The meetings to conduct my research were intermingled with my normal day to day counselling as a second year intern. By this stage of the year I had been offered (and had accepted) two days a week of paid employment as a counsellor. This meant that I was at the school for a total of four days a week. I was busy and I was aware of my own sense of tension around trying to get everything done and within the available time. From the perspective of ensuring rigour and trustworthiness the benefit of having to run the research the way I did was that it was very much a reflection of my actual day to day counselling practice at that time.

Williams and Morrow (2009) discuss establishing trustworthiness in qualitative research and hold that the three major categories of trustworthiness are:

- Integrity of data
- Balance between reflexivity and subjectivity
- Clear communication of findings

**Integrity of data** is to do with its adequacy. The data are adequate because there are sufficient samples to identify meaningful patterns and all are sufficiently information rich (Morrow, 2005). The existence of a clearly articulated research design and step by step process (as set out in this chapter) that would enable others to replicate the procedures also gives the data integrity (Williams & Morrow, 2009).

The counselling sessions that were recorded were live counselling experiences and they formed the research data that I gathered as a researcher. These data were the lived experiences of counsellor and student client at the time (Patton, 2002). Apart from the advertising e-mail and consent process the counselling sessions were conducted and run as normal sessions on a normal school day in my usual office with the usual other things happening either side of the appointment time. When the recordings are played you can hear noises, voices, and the sounds of other things going on outside my office as is normally the

case in what is a busy counselling department. Ponterotto (2005) holds that the qualitative research paradigm of constructivism / interpretivism has, as a central goal, the understanding of lived experience and how it occurs within a social reality. That I am using an appropriate methodology that captures the normal lived experience is, in and of itself, indicative of trustworthiness.

The sessions were recorded and then transcribed to portray exactly what happened. Notions of exactly what happened depend on many things, including what is meant by *what*. The technique of conversation analysis used in this study interprets this in an authentic way and is detailed later in this chapter.

**A balance between reflexivity and subjectivity** was achieved by bracketing my biases (Morrow, 2005). I was able to do this by engaging in a reflexive process that enabled me to acknowledge and disclose the subjectivity I bring to the research. My world view and ontological approach has been set out in advance and I have engaged in self-reflective journaling throughout the process (Williams & Morrow, 2009). As data, my reflections are the basis of the views I formulated about solution-focused therapy and the miracle question being seen to have rumour like qualities. This shone through in the final section of the literature review as being supported by existing literature.

**Clear communication of findings** is required for the study to be considered trustworthy. This involves answering the research question that was set out at the start regardless of the outcome of the research (Williams & Morrow, 2005). I have achieved this by setting out the research project write up in the accepted format as stipulated in my university course notes and by reviewing existing published theses (eg, Foster, 2017; Henson, 2013; Richter, 2015 & Tanner, 2016). Why the research matters needs to also be communicated. For the study to have rigour an aspect of social validity needs to be achieved (Morrow, 2005). This study has achieved that by a careful and close examination, from a

constructivist / interpretive perspective, of a therapeutic technique central to SFBT. By doing this new knowledge is created, a light is shone on existing approaches, and further dialogue and questions on an important topic can be encouraged.

As the researcher, I was surprised at what I saw when I analysed the initial data, after watching and listening to the earliest recordings of the counselling sessions. My initial thoughts and reflections, as a researcher, seemed to make little difference to the way in which I conducted subsequent sessions as a counsellor. I disclose this as an example of being able to see beyond my own biases (Hill et al., 2005) to improve the trustworthiness of the data. Upon reflection, as each session unfolded, I was firmly ensconced, at that moment, in the role of counsellor. Of course, I knew I needed to utilise the miracle question sequence and the client knew they had volunteered to attend a counselling session. But apart from that, it was business as usual.

The only two people in the room were the client and myself. The video recording captured what was said, how it was said, and the associated observable body language. This information was then reproduced by transcription so that I could be analyse as researcher, not counsellor. As the counsellor (in the room) I also self-reported on experience through the use of reflection. The different perspectives available to view the same phenomena allow for a process of triangulation. This is defined by Taylor, Bogdan and DeVault (2016) as drawing on different sources of data to provide an enriched understanding of the subject matter. Triangulation was also achieved with multiple participants who were asked the same version of the miracle question (Polkinghorne, 2005). In this way I, as the researcher, was able to consider different views of the same counselling experience regarding a particular therapeutic technique.

### **3.4 Data analysis**

#### **3.4.1 Data analysis process**

Initially I had considered a narrative approach. Telling a story appealed and narrative analysis focuses on how people construct their own versions of reality (Taylor, Bogdan, & Devault, 2016); however, a narrative analysis looks at the story as a whole with a focus on how the story is told (Taylor, Bogdan, & Devault, 2016). As my thinking and reflections about this project evolved I began to understand what I wanted to know more about. I came to realise that in order to answer my research question I would need to, on a turn by turn basis, closely examine the client / counsellor conversation to understand what might be happening or what was being constructed at a basic conversational level between the client and the counsellor with the associated body language, volume changes, intonation, pauses, and emphasis. This does not fit the model of a narrative analysis (e.g., McLeod & Lynch, 2000). This also meant that, from the perspective of a narrative analysis, I would not be telling a story because the data would be derived from only a few minutes of an hour long conversation.

Because of my ongoing process of reflection I was also becoming aware that what I was looking for and how I was looking for it was being driven by the desire to view the data through a constructivist / constructionist lens. I was also interested in trying to provide definitive and possibly generalisable information that would inform the larger field of solution-focused counselling in a useful way. Perhaps it was the influence of my psychology degree, but I was finding myself feeling less and less attracted to the idea of telling my story in the hope that others would trawl through it looking for what was useful. My interest lay in understanding the therapeutic constructiveness of just the miracle question sequence and what was possibly being created. Not a lengthy narrative viewed from a distant perspective.

It was a matter of standing back and becoming aware of my own vantage point as researcher (Taylor, Bogdan, & DeVault, 2016). Once I did this and through the utilisation of conversation analysis (discussed in the next section) I began to see the patterns in my data.

I spent many hours examining the data. This entailed making preliminary transcripts of the recordings based on conversation analysis methodology and then going back through the transcripts multiple times while watching and listening to the session recordings. I applied transcription notations to the data as I went. These are adapted from Kogan (1998) and Hepburn and Bolden (2013) and are set out in Appendix I. New information would emerge on each passing and the transcripts were enriched with additional notations accordingly. The end result was that the written words were able to be read and understood as if they were being re-spoken in the same way as when they were originally spoken. I achieved this by first watching and listening to the recordings but only looking at the client. Then I would run them again and only look at myself as the counsellor. Then I would run them a third time but just listen to them while following the transcript I had compiled to that point. Each time I would add new notations to capture nonverbal and paralinguistic cues. When I felt I had captured everything I examined all the transcripts individually and then together.

From an investigative perspective I felt reluctant to begin with any particular end goal in mind or a desire to find something in particular. This rationale is supported by ten Have (2007) who holds that any predetermined strategy is treated with suspicion in conversation analysis. Psathas (1995) describes the first stages of conversation analysis as “unmotivated looking” (p. 45). While this is something of a paradox, the act of looking (in and of itself) does not happen by accident, the implication is that the researcher is open to discovering something not already identified or preconceived.



### 3.4.2 Conversation Analysis

Findings began to emerge when I viewed the data through the lens of conversation analysis. *Conversation analysis* is the theoretical framework used for the data analysis in this research. At a fundamental level conversation analysis presupposes that language is inherently constructive and becomes meaningful through shared use (Lock & Strong, 2010). The meaningfulness depends on the language game being played (Miller & de Shazer, 1998) and it is within these contexts that words are able to accomplish things between people that would not otherwise be possible (Lock & Strong, 2010).

Derived from ethnomethodology (Taylor, Bogdan, & DeVault, 2016; ten Have, 2007) conversation analysis is a methodological approach to the study of social interaction that examines how meaning is constructed and negotiated between people through talk and it is able to provide results that are reproducible (Psathas, 1995). Conversation analysis illuminates what is known as the collaborative approach to communication (Clark, 1996). This is where the speaker and listener are thought to work together to co-constructively produce information and meaning. This contrasts with the ‘individual model’ where communication is viewed as alternating monologues, or a single monologue to, convey information (Bavelas et al., 2000).

How a speaker and listener can work together collaboratively is demonstrated by Clark and Wilkes-Gibb (1986) who report on a lab experiment that was conducted where one person (the instructor) instructed another person (the arranger) in the arranging of a series of complex figures. As the experiment progressed the instructor and the arranger developed mutual responsibility as they each engaged meaningfully in the communication process. This was demonstrated in the way they were able to speak less and less as the experiment progressed while still achieving the desired outcome of rearranging the figures as required.

The collaborative nature of the communication meant that fewer words were needed to convey the required message.

An extension of conversation analysis is microanalysis of face to face dialogue. This is research conducted within a framework of conversation analysis by examining the transcripts of conversations microanalytically, on a turn by turn basis, to understand the actions and accomplishments of conversation participants (Strong, 2007). It was developed in the 1980s with experimental lab research by the Victoria Microanalysis Group (Australia) and is regarded as highly suitable for investigating what is created within therapeutic dialogue.

The process of enriching transcribed data to allow meaning to emerge is accomplished through the use of a system of transcription literary notations that build on the familiar system of written language punctuation as described in the previous section and contained in Appendix I. The main principle behind conversation analytic transcription is to convey the actual sound of the conversation to a linguistically unsophisticated reader while maintaining the readability of the text (Hepburn & Bolden, 2013).

Weatherall and Gibson (2015) analysed a recorded session of Berg as she was working through the miracle question sequence with a client. They described their use of conversation analysis as “a systematic methodological approach that aims to identify and detail how actions are accomplished through the structures that organise and enable coordinated talk-in-interaction” (p. 163). The therapeutic dialogue involving the miracle question has the potential to be co-constructive and therefore can, in and of itself, create new meanings and allow the client to shift to a more desired way of thinking (Strong, 2007).

### **3.4.3 Codes, categories, and patterns**

I worked on the assumption that our conversations were more than just two people chatting accidentally and that something meaningful was being created or constructed in the

dialogue. This view is supported by Clark (1996) who holds that, accidental or otherwise, language is a form of joint action and is used to get things done. I slowly began to work through the transcripts and began coding the data. *Coding* is the process of labelling, categorising, sorting, and analysing the data (Lofland, Snow, Anderson, & Lofland, 2006). This enables the data to be organised so that the constructional nature of the conversation can emerge in a meaningful way.

On a turn by turn basis I worked through each line of all the transcripts. I questioned each turn of conversation and through this process I began to compile lists of coding categories that, in effect, described what the counsellor (me) and client were each doing and why they might be doing it. For example: *Counsellor asking permission to allow the client to lead* or *Counsellor uses a presupposition to convey an implicit assumption*. I compiled a lengthy list of categories, adding new ones, refining existing ones, and discarding some that were, or became, less meaningful in the process.

I then set about interrogating the categories of data in the same way I had questioned the raw transcribed data. Once again, I worked on the assumption that something, as Clark in 1996 noted of data, was going on between myself and the client. Implicit in my questioning was the assumption that the therapeutic conversation known as the miracle question is not accidental. Through this process I was looking for regularities and patterns. I searched for these by asking myself: What is happening? Why might it be happening?

Informed by the answers that emerged throughout my questioning process I grouped different categories together. I tested my category refinement process against all four sets of client data and found that three distinct patterns eventually emerged. I further refined the categories and finished with two categories of data for each pattern to give six categories in total. The patterns and categories are set out in chapter 4.1.

### **3.4.4 Presentation of the findings**

The transcribed miracle question sequence was the segment of each of the recorded counselling sessions beginning at around the point when I (as the counsellor) say “Let me ask you my question” or similar. It finished when I (as the researcher) felt that enough data had been presented to provide a meaningful and unbroken account of the complete miracle question sequence sufficient to address and answer the research question. These data may or may not include exploring for exceptions.

All four complete transcribed miracle question sequences along with accompanying explanations for each of the four conversations can be found in Appendix A.

Findings are presented in the next chapter (Chapter 4) supported by key segments of the transcribed miracle question sequences (as set out in Appendix A) where the constructiveness of the miracle question, as a therapeutic intervention, is demonstrated. These findings are presented as patterns of co-construction. In Chapter 5 the patterns described in Chapter 4 are developed into emergent themes that are analysed and explored.

In Chapter 4 and in Appendix A the student client participation is denoted as “C” for client and my participation is denoted as “T” for therapist. Each turn in the conversation is numbered and these numbers are used to reference the talk being explored, as required, in the accompanying analysis.

The terms therapist and counsellor are considered interchangeable. The letter T is used in the transcribed text to denote therapist instead of C for counsellor because client also starts with C and the reader would not easily see who was speaking if both speakers were labelled C.

## Chapter 4: Findings

### 4.1 Patterns of co-construction

The research findings are the key components of an investigation into how the miracle question is co-constructed and experienced by adolescents in solution-focused counselling sessions. With the utilisation of conversation analysis, involving coding and pattern development for each client example, I began to see that my miracle question was a larger, total process, or sequence, comprising three separate but very interdependent patterns:

- 1) Pattern one, setting the scene: An initial *co-constructive* process connecting the present moment with the moment the miracle occurs. This is led by the counsellor but with the client actively engaged as a co-narrator (Bavelas, Coates, & Johnson, 2000).
- 2) Pattern two, the miracle question: A *de-constructive* process that enabled the client to re-frame the previously taken for granted and problem focused “facts of life” (de Shazer, 1988, p. 101).
- 3) Pattern three, developing a preferred future after the miracle: A *co-reconstructive* client led process that constructs life after the miracle amplified by historical instances (exceptions) of the miracle already occurring (Hanton, 2011).

Each Pattern contains two categories of codes:

- 1) Pattern one, setting the scene. A co-construction:
  - a. Counsellor initial scene setting / lead up to asking the miracle question.
  - b. Client involvement / buy in / working as a co-narrator.
- 2) Pattern two, the miracle question. A de-constructive process:
  - a. Asking of the miracle question.
  - b. Initial client response and reaction to the miracle question.
- 3) Pattern three, a preferred future. A process of co-reconstruction:
  - a. Counsellor working with the client.
  - b. Client leading and constructing a problem free future.

In this chapter I provide key segments of the transcribed miracle question sequence across all three patterns for each client. An analysis of each segment is provided to demonstrate the constructiveness of the miracle question as a therapeutic intervention. For each client findings are presented as three separate but interconnected emergent patterns. The patterns that emerged are then developed and discussed as themes in the discussion chapter that follows (Chapter 5).

My analysis suggests that in all four of the counselling sessions client and counsellor produced the actual miracle question sequence in very similar ways. The first client came ready to talk about a specific issue. This was disclosed by him and discussed at the very beginning of the session. The nature of the issue meant that little discovery was required and I was able to begin the miracle question sequence right at the beginning of the session. This meant that even though we were meeting for the purpose of conducting my research, overall, our session began in a very client led / counsellor as the naïve inquirer manner. For this reason I introduced the miracle question sequence by saying “Let me ask you a question” whereas, with the other three clients, I introduced the miracle question sequence later in the session by saying “Let me ask you my question”.

It is generally accepted that the traditional or original version of the miracle question is introduced by the counsellor saying “I’m going to ask you a very strange question” (De Jong & Berg, 2013). I did not use the word strange with my research participants because they had previously been given information sheets that detailed the miracle question as the focus of my research investigation. I felt that this removed the strangeness of it.

#### **4.2 : Client 1: “If that miracle did happen”**

I had counselled this student several times before so we had an established relationship. He had previously presented with issues to do with low mood brought on by pressures at school, anxiety around his friends group, and his ability as a sports person.

Counselling had gone well for him previously and he opened our session by talking about how good he had been feeling recently. I acknowledged this and recognised with him the success he had been having with the finding of more useful ways of thinking and being in his life. I then asked: “Is there anything else going on for you that you would like to be doing differently, or better, or....?”

He disclosed that, buoyed with a more upbeat mood, he had recently started talking to girls. He reported that to date this has been “up and down” for him. He further reported that he has asked three girls to “go out” with him recently but no dates had resulted.

The miracle question sequence took place only 3 minutes 15 seconds into a session that lasted 58 minutes in total so it did not take long before we began the miracle question language game. I think that this would have been largely due to already having an established counselling relationship that, by his own admission, had been successful for him. The asking of the miracle question was based on the presupposition that the client wanted to have more success with asking a girl to go on a date. In an effort to move the conversation away from problem talk and towards a solution / future focus I began the miracle question sequence.

### **Pattern one, setting the scene. A co-construction**

1. T: Le:::ts (.5) let me (.) <ask you a question> and you need to use your imagination
2. *((spiral hand in front towards client while talking to emphasise that imagination is*
3. *required))*.
4. C: Yea *((leaning forward slightly and nodding))*
5. T: Let's say (2) *((leans forward and places left hand on table))* you (.5) um (.5) we finish
6. our session [today]
7. C: [okay] *((nodding))*.
8. T: and you go back and (1) uh (1) have the rest of your day [at school] (.) you go home (1)

9. C: [((*nodding*))]
10. T: you <get home> and you do (.) whatever you normally do at home.
11. C: Uhum ((*nodding in agreement*))
12. T: Your homework watch tv or (.5) you know go on your device see a little bit of
13. whatever's going on for you normally on a Wednesday night you have dinner (.5) you
14. know with the family at some stage you go to bed (1.5) you go to sleep (2) the house is
15. quiet and <during the night> (1) in the middle of the night (1) let's call it a miracle (.1)
16. happens.
17. C: Hmm ((*nodding*))
18. (2)
19. T: only you're [asleep] so you don't know that anything's happened but (.) >just like
20. C: [((*nodding*))]
21. T: that< ((*snaps left fingers directing at client*)) (2) <everything ((*spiralling both hands*
22. *out in front and leaning back*)) with girls (1) is easy> (2) okay (1)
23. C: Uh ha ((*nodding*))
24. T: You wake up in the morning (3) unaware (.) of the miracle because you've been
25. asleep ((*moves left hand to the left to demonstrate sleeping*))
26. C: Uhum ((*nods and also moves hand to mirror the counsellors own hand movement*))

Throughout this segment the client barely speaks but he is **engaged** in the talk and demonstrates this with a total of 10 **co-constructive** responses, five are generic verbal responses and five are nods of his head. This segment ran for 1 minute and 10 seconds and within this time there are a total of 26 seconds of **counsellor pauses**, that is, where it is my speaking turn but I am not speaking. The frequent pausing allows the client to process my talk, keep up with the talk and remain engaged. **Engagement** is also maintained by **tailoring** my talk to this client's specific situation based on what I already know about him (12-14) and



it becomes more detailed and explicit as the future scenario is **co-constructed** (12-15). **Co-construction** is achieved by the collaborative **future focus** of my talk and the ongoing 'buy in' from the client evidenced by generic and non-verbal responses. After a 2 second pause (line 27, not shown below) we move to the de-constructive segment.

### **Pattern two, the miracle question. A de-constructive process**

28. T: <How would you know> (*spiralling both hands in front*) that (.5) all of a sudden

29. C: Uhum

30. T: things are easy with girls? (*both hands out in front directing towards client*) How

31. would you discover (*leans back in chair places both hands together*) that things have

32. changed?

33. C: Well (.5) uh for me with my (.) in my experience like talking to girls is like going up

34. in front of a class and giving a speech.

35. T: Oh it's like doing that?

36. C: Yeah its like you're nervous you're you're nervous your hands are shaking (.) you

37. have um butterflies in your stomach (.) minutes before you're you walk up and even after

38. you walk up you still have those feelings and (.) its common like um (.) if you're not

39. nervous before you give a speech yeahrum it's like you're over confident and something

40. like that but um

41. T: Yes.

42. C: That's how that's how I used to feel like when walking up to a girl and trying like (.)

43. with all that (.) going on I couldn't even utter a word (.) but if that miracle did happen I

44. wouldn't feel like (.) I would just be calm and collected in front of them and I could just

45. be feeling....

My two **miracle questions** are **pre-suppositional** and are asked one straight after the other (28, 30, & 31) to **de-construct** what has now become, because of the occurrence of the miracle, old meaning. The **de-construction** creates the **assumption** that things (post-miracle) have become easier with girls and I am interested in how the client understands this to be the case. The client answers by explaining how things have been for him in the past (33 - 40). This is problem focused and is able to be utilised in a **de-constructive** way. I **reflect** back to the client (35) “it’s like doing that” (but it’s not that). The client finishes the **de-constructive** segment of talk by referring to the occurrence of the miracle (“if that miracle did happen”) after which he reports that he would just be calm and collected in front of girls (42 - 45). In lines 46 - 49 (not shown below) I ask an **open question** to begin the re-constructive segment that follows.

### **Pattern three, a preferred future. A process of co-re-construction**

50. C: (.hhhh) I would ((*giggles*)) like I would um (.5) I would not I would try not to be  
 51. like to like like a complete my complete boyish ways like when I’m with my mates and  
 52. all that. I might be like just refrain a bit↑ and just you know be more like refined and um  
 53. (.) uh (2) I would still be (.) be myself but I would just you know just try to impress them  
 54. (.) you know (.) I would reduce the boyish charm a bit and yeah (hhh) (1) but um (.) what  
 55. I’m getting at is like (1) if that miracle did happen I would just walk up (.) uh walk up to  
 56. a girl and I would be calm (.) um and be myself in front of them (1) and presenting  
 57. myself to them as (.) as such.  
 58. T: And (2) has there been any (2) times recently when (.5) you’ve you’ve been able to do  
 59. that just a little bit?

The client attempts to construct a preferred future by talking about what he would not be doing (50 – 52). Then he transitions to talking about how things would be with a **future**

**facing solution focus** (52 – 57). As part of this **reconstructive** segment the client again refers to the occurrence of the miracle (55) “... if that miracle did happen I would just....”

In this example I moved quite quickly into asking about **exceptions, or instances** (58) when life for the client had already been a little bit as if the miracle had occurred.

The rest of the transcribed co-reconstructive segment (as set out in Appendix A) was spent with the client describing a particular problem free instance in quite rich detail encouraged by me with minimal encouragers and open questions. In the process of doing this the client shifted from his original difficulty in talking to girls (with the associated angst) narrative to a more useful, and definitely solution-focused, frame of general friendliness, openness to helping people, and enjoyment from seeing people happy.

The conversation for the rest of the counselling session beyond the transcribed section used this talk to scaffold into, and explore, the usefulness of having an open, friendly and helpful manner with respect to all aspects of social interaction. This was recognised as an innate ability already possessed by the client and so talking to girls would just be part of his day to day life.

That the co-reconstruction was client led was apparent in the way the client identified his own, previously undisclosed and unrealised, useful strengths as described above. Things not previously mentioned and that were not related to the problem were brought up and came into being. These were discussed and amplified, as if the problem never existed. The client led co-reconstruction also shows through in the way the client did most of the talking in this segment while I supported and encouraged his talk as a co-narrator. A word count of this (third) section shows that the client spoke for 90% of the time and I spoke for 10%.

#### **4.3 : Client 2: “Yep”**

With this client we began our meeting and after a brief preamble I asked “Is there something that would be useful to chat about?” The client then spent some time explaining,

clarifying, and developing a number of issues. This entailed some rich descriptions of his feelings, motivations, relationships, eating and sleeping habits, friction in the family as well as disclosure of self-harm (cutting) and some suicidal thinking (not deemed to be a current risk after a subsequent safety check). There was an outflow of numerous issues that tended to revolve around feelings of depression, sexual and gender identity and a sense of not knowing his place in the world.

The miracle question sequence took place 11 minutes and 40 seconds into a session that lasted 50 minutes in total. I introduced the miracle question in the hope that we could move into problem free talk.

### **Pattern one, setting the scene. A co-construction**

1. T: Let me (.5) ask you my question.
2. C: Yeah *((smiles))*
3. T: This is a good time (3). Yep (1). Let's say (1) you (1) uhhh (1) we finish our (.5)  
[meeting] *((circular winding up motion with hands))*
4. C: *[((nodding))]*
5. T: and continue on with the rest of the day at school.
6. C: Yep *((nodding))*
7. T: You go home after school finishes and you go home and (.5) you (1) get on with
8. wh[atever it is ]you get on with after school on a Thursday homework I[ suppose and]
9. C: *[((nodding))]* *[((nodding))]*
10. T: study (2) family time, watching TV and having dinner and at some stage (1) you go to
11. bed and you eventually *((T is aware that C has difficulty sleeping))* [fall asleep]
12. C: *[((nodding))]*
13. (2)

14. T: When you're asleep (1) you'll need a little bit of imagination [to think about]t this (1).
15. C: [*((nodding))*]
16. T: When you're asleep (2) a miracle happens.
17. C: Yep.
18. T: The miracle (2) is that (1.5) you (1.5) are (1.5) whatever the opposite of depressed is (1)
19. (1.5) <un depressed>.
20. C: *((Laughing))*.
21. T: And (1) you've also got clarity [>which is w]hat I< sense (1) you're looking for.
22. C: [*((nodding))*]
23. C: °Yeah°.
24. T: Umm that's the miracle only (.5) you don't know that this has happened because
25. you've been asleep.
26. C: Yep *((nodding))*.
27. T: But nonetheless (.) when the house is quiet (.) the miracle occurs↓ and *((snaps fingers))*
28. just like that you have (1) clarity *((sweeping gesture with hands))*
29. C: Hmm *((nodding in agreement))*.
30. T: So (2) you wake up in the morning (.5) not knowing (.5) that (1) this [has happen]ed (1)
31. C: [*((nodding))*]
32. T: but all the same things are different.
33. C: Yeah.
34. (2)
35. T: And that you have the clarity and the motivation that you don't [feel that yo]u have at
36. C: [*((nodding))*]
37. T: the moment.

With the use of **future focused talk** I provide a descriptive statement of a hypothetical situation for the client that starts immediately after the finish of the session we are in and carries on up until the client is in bed and falling asleep that night. I use knowledge gained about the client (difficulty sleeping, line 11) to enhance the **constructiveness** of our talk and the meaningfulness of the **future focused co-construction**. I **presequence** the introduction of the miracle by saying to the client that he will need imagination “to think about this” (14). The happening of the miracle is then introduced (16) while he is sleeping. Client **engagement** can be seen with six generic responses and 11 nods of his head. This segment lasted 1 minute and 45 seconds. Of this time 35 seconds was taken up with **counsellor pauses**, that is, where it is my speaking turn but I am not speaking.

#### **Pattern two, the miracle question. A de-constructive process**

38. T: (2) Given that you didn't know↑ about the miracle how would you discover that
39. things have changed? What would be different? What would be the first thing that you
40. would notice?
41. C: I'd notice that I have a lot more motivation to do things which I've been meaning to do
42. like brush my teeth on a regular basis and (.5) shower more often and (.5) umm
43. T: ((*nodding head*)) Yep, ok.
44. C: I think (1) I would find that I'm not feeling quite so lonely in class um (1) I guess I
45. would probably be talking to people more often. I would go like (1) why am I talking to
46. these↑ people who I (1) yesterday I didn't even (1) want to talk to (1). So I >generally< sit
47. in the corner of the class.
48. T: So you would find yourself (1) maybe taking the first step perhaps (.) to talk? And
49. C: [yeah]

The **de-constructive** segment begins when I ask three **open ended miracle questions** after **restating** that the client does not know about the miracle (38 & 39). The client responds by saying he would be motivated to catch up on things (41 & 42). Using a **minimal encourager** (43) we continue to **de-construct** the problem filled frame by talking about how he would not feel lonely and by comparing the thought of talking to people (post miracle) with the current situation of not wanting to talk (44 – 47). I **reflect** and **amplify** on this by asking a question which contains a **constructive** element (48). The client agrees with the **implicit assumption** of the question (49) and we begin the co-reconstructive segment.

### **Pattern three, a preferred future. A process of co-reconstruction**

This client had talked about being depressed and the miracle question was to do with waking up in the morning after the miracle and not being depressed. At the start of the **reconstructive preferred future** segment he equated not being depressed to being able to be more motivated. The client led talk moved quite quickly into **reconstructing a preferred future** based around **collaboration and accomplishment**. I assisted by asking a combination of **closed and open questions** and by making **reflective and amplifying comments**. Being more motivated was operationalised by the client as enjoying classes more, participating in class by putting his hand up more and being more outspoken.

As this segment progressed the themes of motivation and collaboration were carried over into how things would be at home (lines 72 – 77) as follows...

72. T: What would your Mum notice?

73. C: Probably be (.) the increase in motivation. Like I don't do a lot of work around the

74. house. But if [I had] more motivation if I was slightly more happy then I would be out

75. T: [oooh]

76. C: collaborating with the family more often (.5) asking Mum if she needed [anything] help

77. T: [ahum]

I continued to ask **open questions** and the client began to describe feelings of accomplishment. I **amplified** the idea of accomplishment and that led the client to come up with an **instance or exception**, unprompted, when he had felt a **sense of accomplishment** by baking brownies as follows.

89. C: Yeah (1) and if I was to be (1). If I was doing more around the house I guess I would  
90. feel a lot more accomplished. You know I've (.) I've done something that's productive  
91. and that helps more than just me.

92. T: That helps more than just me?

93. C: Yeah.

94. (3)

95. T: Yeah, that's a good word 'accomplished' isn't it?

96. C: Yeah like I I like every now and again (.) I bake umm brow[nies. Um]m ever since I  
97. [oh yeah]

98. started doing hospitality this year. And (.5) <every time> I'm really excited when someone  
99. says these are really good you should make more sometime. Cos yeah they're really  
100. enjoying what I've made.

101. T: So you're getting some positive feedback =

102. C: = Yeah =

103. T: = of something =

104. C: = Yeah =

105. T: = you've made an effort in

106. C: And so if I was to (.) you know (.) start folding the washing (.) or something o:r empty  
107. the dishwasher without being [asked to, or] do my jobs then I guess they'd you know



I continued to **amplify** the experience of **accomplishment** (101 – 105) and the client **utilised the experience** with baking brownies to then talk again about doing more jobs at home and generating further feelings of **accomplishment**. The client then talked (not shown above but contained in Appendix A) about how this, in turn, would mean he would be allowed to go out more often and spend more time with his friends. I asked the client to describe how things would be in his friends group if this happened. This resulted in a lengthy description of **the preferred future** with his friends.

This re-constructive segment finishes when I ask the client about other instances (exceptions) of the miracle occurring. I carried out a word count and analysis of this (third) section that revealed the client spoke for 74% of the time and I spoke for 26% of time. Although I spoke far less I think I controlled the conversation because everything I said was either a question or a reflection or an amplification of what the client was saying.

#### **4.4 : Client 3: “If it was happening now”**

This client came with no particular problem (having a problem was not a prerequisite to be part of the research) to discuss whereas all the others came with something they wanted to talk about. Some had thought about what would be useful beforehand and others just seemed to have something on their minds that was not too far below the surface. Our talk ultimately centred on her academic performance with obtaining credits towards the NCEA (National Certificate in Educational Achievement), Level 2. Credits are awarded for passing exams and completing class work. They are awarded in 3 tiers: Achieved, Merit, or Excellence.

If I had to pick a best session this would be the one that I would have thought was the most beneficial for the client. I think that was because of how hard she worked once we got going. This reinforces the commonly held SFBT view of letting the client do the work.

During our initial conversation she disclosed that she feels that she is an anxious person and that she had some counselling a few years earlier to help her cope after the 2010 and 2011 earthquakes and subsequent aftershocks in Christchurch. After some further talk she said that, as well being anxious, she has perfectionistic tendencies especially with her school work. Talking about her school work prompted me to check on the school computer system I have access to in my office and it was here I discovered that she is a high performing student. I asked the miracle question 7 minutes 49 seconds after we began. The total counselling session time was 57 minutes.

### **Pattern one, setting the scene. A co-construction**

1. T: Oka:y↑ ((*sits back and takes off glasses*)). (1) Let me ask you my question.
2. C: Sure ((*smiles and sits up*))
3. T: Let's say (1) you need to use your imagination ((*circular gesture with right hand to signify imagination*))
4. C: Okay ((*laughing*)).
5. T: Before I ask my question [I'll set the scene] ((*opens up both hands wide apart*)) so:↑
6. C: [((*smiles broadly and nods*))]
7. T: we finish our meeting a::nd you know the bell goes and you go home and (1) you go
8. to bed (1) well >you go home< a::nd you enjoy the [rest of the day Friday afternoon]
9. C: [((*smiling and nodding quietly*))]
10. T: and the evening. Whatever it is you get up to (.5) with family or friends (2). Maybe
11. have dinner (.) watch tv or something (1) because its [Friday night] and um you're doing
12. C: [((*nodding*))]
13. T: your thing with friends and eventually (1) you get tired and go to bed and if you're not
14. a very good sleeper then maybe you'll lay awake for a bit >but you'll eventually go to

15. sleep< ((*directs hand towards client*)) ok?
16. C: Yup ((*nods and smiles at the same time*))
17. T: While you're sleeping (1) and the house [is quiet]
18. C: [*((nods))*]
19. (1)
20. T: there's a miracle
21. C: ((*Laughs and looks dubious*))
22. T: [A miracle happens. I know that's an old fashioned word but nonetheless]
23. C: [*((still laughing))*]
24. T: The miracle is that (1.5) your anxiety (1) goes ((*left hand moves to the left and opens*
25. *as if releasing something*))
26. C: ((*nods head*))
27. T: and (1) there's something else in its place >whatever the opposite of anxiety is<.
28. C: Okay ((*smiles*)).
29. T: But you don't know this because you're asleep. (2) You wake up in the morning (1.5)
30. so your anxiety ((*clicks fingers on left hand*)) >just like that< [disappears]. You wake up
31. C: [*((short laugh))*]
32. in the morning (2) and (1) you're unaware of the miracle that's happened but things
33. <have changed> nonetheless
34. C: ((*nods head*)).

One minute and 34 seconds elapsed from the time I began with "let me ask you my question" until the question(s) was actually asked in line 35 (see the following transcribed section). Although I do virtually all the talking during this segment it is **co-constructive** with the client **actively engaged** in the scene setting talk. During this segment I pause for a

cumulative total of 21 seconds to assist the client to remain **engaged**. The client signals her engagement in the telling with seven generic responses and seven nods of her head.

I learned in the earlier conversation (not part of the transcribed segment) that she is not a good sleeper. I **utilise this knowledge** by noting that it may take her a while to fall asleep (14). This **enhances the constructiveness** of the talk and makes it more meaningful. The **co-construction** becomes more detailed with finer points about what would be happening (17). I finish the **co-constructive future focused talk** by stating to the client that she wakes up and, while unaware of the miracle, things have changed nonetheless (32 & 33).

### **Pattern two, the miracle question. A de-constructive process**

35. T: I'm wondering (1) how would you <find that out?> What would tell you that (1)
36. things are different?
37. (11)
38. C: Um (2) if it was happening now? =
39. T: ((nods head))
40. C: = It would probably be something along the lines of I would go (2) I wouldn't stress
41. as much about the mock exams. >If it were to< happen now↑.
42. T: >Yep = yep = yep< so it happens now.
43. C: Yep it would probably be that.
44. T: So you wouldn't stress as much about the mock exams?
45. C: ((nods head))
46. T: So what would happen instead? (7) I know it's [a long (.) it's] you know a long thing
47. C: [((laughing))]
48. T: ((spreads both hands across body in front to denote length)) to think about You'd
49. normally be stressing (2) about the mock exams (2) but now you're not. (2) What are you

50. doing? (.5) How do you feel?

I ask two miracle questions (35 & 36). They are **open ended** and also **de-constructive** in that the asking of them **presupposes** that things are different. The client answers by saying that she would not be stressed about the mock exams (that the students were sitting at the time) if it (the miracle) “was happening now” (40 & 41). This is a reference to the **de-construction** of the current reality of being anxious about exams. The client and I continue to **de-construct** when I confirm that the miracle has happened now (42). The client **restates** that what would be different is that she would not be as stressed about the mock exams (43). I **reflect** this back to the client who reaffirms this to be the case (44 & 45). This segment is problem focussed; however, that is not unusual with deconstruction and this will be discussed in Chapter 5. To **begin the process of constructing a preferred future** I ask an appropriate **open question** (46 – 50) and after a long pause (line 51 and not shown below) the client answers in a co-constructive manner as follows.

### **Pattern three, a preferred future. A process of co-re-construction**

52. C: I would feel (.) probably (3) good and I suppose more confident going into them (.)

53. that like

54. T: Good and confident yep.

55. C: (2) That (2) it's (2) okay (1) >if I didn't do as well as I wanted to< (1) and I wouldn't

56. be like (2) I wouldn't be worrying, I suppose about (.) how my results compared to the

57. other people (.) maybe?

Here **reconstruction** of a **preferred future** begins with the client saying that instead of stressing about the upcoming mock exams she would be feeling more confident (line 52). She developed on this to mean that it would still be okay even if she did not do as well as she wanted to in the exams and she would not worry about how her results compared to her peers

(55 – 57). I used **minimal encouragers**, **reflective comments** and **open questions** to continue to create a future in the absence of anxiety.

We then began a long segment of **co-reconstruction** (refer to Appendix A) where the client describes how, post miracle, she would see the **positive** things on her exam paper (rather than the negative things) after the exam. She says that she would view her paper in the same positive light as she views her friends' papers and she would notice that, while her friends would still **compliment** her for doing well, they would not need to be "talking me up" because she would already know what she has **done well**. This segment continues below (from line 108) and finishes with the client talking about how she would regard her exam performance as an **achievement** that she would be **proud** of (118 – 125), as follows....

108. C: Yeah (.) they would just be saying it in like a (.) 'oh yeah you did well too', like (.)
109. 'good job' (.) instead of being like (1) 'oh but you did this and I didn't do this'.
110. T: And how would that leave you? How would you feel about that? So rather than you
111. (.) you know (.) freaking out because you only did merit ?
112. C: ((*laughs*))
113. T: You know and so your friends are going 'what?' (.) Like instead of that they're going
114. (.) it's more sort of a:: (.5) I don't know (.5) more of an agreement type of statement.
115. Wo[uld that] be different for you?
116. C: [I think]
117. (2)
118. C: It would definitely (3) make me see that what I did was an achievement
119. T: ((*slowly nods head in time with client speaking*))
120. C: Like (2) like (.) getting (.) um the (.) the grade (.) even if it's still not what I wanted
121. it's still something to be proud of.
122. T: >It is what it is yeah<

123. C: Yeah ((*nods head*)) yeah (.) I think that ((*laughs*)).

124. T: So you would be feeling (1) proud of what you've achieved?

125. C: Yep ((*nods head*)).

This stands in contrast to earlier talk, prior to the start of the transcribed miracle question sequence. The client had revealed that she had the tendency to actually view her Merit achieved pass marks less positively when compared to her friends passing the same exam at the lower level of Achieved (i.e., a pass but with no merit endorsement).

Toward the end of the co-reconstructive segment the client said that she would be able to **be more confident in her ability** and this is set out below (starting at line 145). This in turn would mean that she would be more inclined to share her ideas in class and that this is something her class mates have previously said she should do more of (150 – 153).

145.C: Well (5) I think the biggest thing (.) is that it would (1) help me to be like more

146. confident in my ability

147. T: Uhum ((*nods head*)).

148. C: Because I get that comment a lot.

149.T: What's that?

150.C: Um you should be confident in your abilities and like

151. T: °Yes°

152. C: things like that. Like you should share your ideas (.) so I guess I would be more

153. confident in doing that.

154. T: And (.) if you were (1.5) how would that (.5) what would be the out flow (.) of that?

155. (2)

156. C: Well I guess (.) because I would be sharing my ideas and be more confident (1)

157. umm↑ well (1) I suppose it might actually help (.) get the excellence\* maybe.

158.T: Uhum (.) How so?

159. C: Because (.) like there would be more of like a flo::won effect > [if that's] right?< I'd

160. T: [hmmm]↓

161. C: be like (.5) asking questions and sharing things and I'd be getting back feedback

162. T: Uhum

163. C: that's going (.) [to help me mo]re [help me] more like get up

164. T: [yep definitely] [help you]

165. C: there ((*towards excellence*)).

The transcribed segment finishes with the client talking about how, by sharing ideas with her classmates, she could see that she would be available to receive useful feedback of her own that could help her to obtain pass marks in exams at the higher level of Excellence being the highest pass (156 – 165). In this segment the client and I have **co-constructed** a scenario where her **preferred future** involves her being available for opportunities to increase her confidence.

This client's talk tended to be more cautious and considered compared to the first two clients. Whilst she did not use more words than necessary this last section was still **co-constructive** and **client led** with her speaking 66% of the time compared to 44% for me.

#### 4.5 : Client 4: "Is this the magic question?"

This client presented with multiple issues ready to discuss: The main issue was exam pressure and associated anxiety. The client was also experiencing some anxiety and nervousness with competitive horse riding and eventing that she is involved in and she also disclosed uncertainty of feelings and associated anxiety to do with a romantic relationship.

We spent the early part of the counselling session (prior to the transcribed segment) working through these issues and discussing the client's experience of them all. Our initial



conversation, while lengthy, felt more like problem sorting and useful discussion rather than sitting mired in problem talk. The transcribed segment subsequently started 24 minutes and 12 seconds into a 60 minute (in total) counselling session. The transcribed segment begins towards the end of me summarising my understanding of what has been going on and reflecting that understanding back to the client to check that I had not missed anything before I begin the scene setting segment, beginning at line 5, that follows.

### **Pattern one, setting the scene. A co-construction**

5. T: <Let me> (.) ask you my question.
6. C: Yes (.) is this the magic question↑?
7. T: This is [the miracle question yep].
8. C: [the miracle question] yeah ((*smiles*)).
9. T: Let's see how this works for you (.) now I'll set the scene and you've got to use your
10. imagination a little bit.
11. C: Uhum ((*nodding in agreement*)).
12. (2)
13. T: Let's say (.5) that (1) uh (1) we >finish our meeting< and its lunchtime and you (.) go
14. to lunch and you have last period and you (.) >where abouts do you live↑?<
15. C: *Names town*
16. T: *Name of town* you go home (1) a:nd uh its after school it's a Wednesday so you do
17. your do your usual whatever it is that you do on a Wednesday after school.
18. C: Ahuh ((*nods*))
19. T: Catch up with family do your homework or what[ever] (2) have dinner (2) watch tv
20. C: ((*nodding*)) [yep]
21. the evening goes on (.) at some point (2) you go to bed (2) you [go to sleep (2)] and

22. C: [*((slowly nods))*]
23. T: during the night (2) <when the house> is quiet and everyone's asleep (1) there's a
24. miracle (1) okay (1) and the miracle↑ is that all of (1) your (.) let's call them problems
25. C: Mhmm.
26. T: that you've shared with me today (2) are gone↓ (2) that's the miracle (2) they're not
27. problems anymore (.) they're something else
28. (1)
29. C: Uhum
30. T: only you don't know this has happened because you've been asleep (3). You wake up
31. in the morning (2) on the first day after the miracle
32. C: Uhum
33. (3)
34. T: things (1) are different <because things have changed> but you don't exactly know
35. what's happened because you were asleep when the miracle happened.
36. C: Mhmm.

Working jointly (5 – 11) we **co-construct** a sense of anticipation. The talk is then led by me, delivered **tentatively** and interspersed with pauses. It is **tailored** to the day of the week and to the time of day with lunch coming next and then the last period of school for the day (13 & 14). The client becomes more involved in the **co-construction** when I ask her where she lives (15). This talk invites the client to think about what may happen for the rest of the day until she is in bed that night asleep and the house is quiet (16 – 23). The talk continues and the **miracle happens** when the house is quiet and everyone is asleep. My saying: “all of your, let's call them problems, that you've shared with me” (24) is actually more **de-constructive** with the way I say “let's call them problems”. It is suggesting that we are not entirely sure what these issues of yours are but for the moment we will agree to call

them problems, although we could call them many things. This segment ran for 1 minute and 58 seconds and within this time there is a total of 36 seconds of **counsellor pauses**, 4 generic responses from the client and 9 nods of her head.

### **Pattern two, the miracle question. A de-constructive process**

37. T: S::o how would you find out (1) that (1) these troubles of yours don't exist anymore

38. (.) what would be different?

39. C: Um (.) °obviously I would probably be able to° go into an exam and > not have a

40. panic attack< um =

41. T: = What would you be doing instead?

I ask two **open miracle questions**, one after the other (37 & 38), to **de-construct** existing frames of meaning with the client. In this example I was non-specific in that I did not specifically name any particular problem. This meant that the client needed to choose. The client's response of not having a panic attack in an exam, whilst problem focused, is **de-constructive** in that she talks about being able to go into an exam and not have a panic attack (39 & 40). She is also very specific about what she wants to change. To start to move toward **re-construction** I ask an **open question** with a focus that begins to shift to what will be happening in the **absence of the problem** (41).

### **Pattern three, a preferred future. A process of co-re-construction**

42. C: I would be focused I would be (1) um (.) be able to concentrate, I'd (2) be able to

43. focus my mind on the task at hand. I would not freak out like I usually do.

44. T: [So what would tell you]

45. C: [I would be calm]

46. T: that you would be doing that? How would you recognise (.) this (.) calmness? What

47. would that be?
48. C: Uh, I would recognise it by not like (.) having a meltdown before an exam::: I
49. wouldn't be like hyperventilating or overheating I'd just (.) I'd probably just feel cool
50. and collected=
51. T: =Cool and collected.
52. C: Umm.
53. T: So you come into the exam....
54. (2)
55. C: Open the paper and (.) write.
56. T: Just get on with it.
57. C: Just get on with it. I'd be able to start writing (3) ((laughs))

In this segment the client's self-selected issue of exam pressure begins to get **re-constructed** into concentration and focus (42 & 43). I ask **open-ended questions** (44 – 47) and we begin to **co-reconstruct a future** where the client is calm, cool and collected (45, 49 & 50). I **amplify** this by repeating back what the client said about being cool and collected (51). This is **acknowledged** by the client (52) then I **reflect** on what we have talked about would happen in the **re-constructed future** (53). The client then, in effect, finishes the sentence I started (55). I build on this with an **encourager** (56) and the client, in turn, repeats this back to me and then provides an additional **amplifying comment** of her own (57). This segment shows an effective to and fro flow of conversation that builds a **co-constructed preferred future** of how exams will be for the client.

58. T: Um (1) so (2) this calmness you speak of
59. C: Yeah
60. (1)

61. T: Can you describe that to me (2) a bit more?
62. C: Umm
63. T: So just talk me through it you know, you, the exam (.) the exams you have they're in
64. separate classrooms or in the hall or =
65. C: = Um yeah they're in the hall generally um (1) so (.) like (.5) um (1) I'd be able to
66. walk into the exam↑ (.5) I'd be able to sit down at the desk (.5) I wouldn't be thinking
67. about like (.) I would be thinking like yes I'm prepared for this (.) I will be able to do this
68. (.) I will be able to answer all the questions.
69. T: So you'll feel more confident?
70. C: Yep (.) um (.) I like (.) I won't like (.) be thinking (2) sort of like how like what
71. things I don't know like what things I won't be able to answer um (1). I'd rather be
72. positive than negative (1) um which would then lead to like me not having anxiety and
73. me not thinking that I'm not going to pass um (1) which (.5) would probably just lead to
74. me being a calmer person in general because I know I can pass because I am (1) I will, I
75. would be prepared for it I would be ready for the exam.
76. T: Because you always do pass...?
77. C: Yeah (3) so (.) yeah.

I ask the client to further **describe** the calmness that she said she would be feeling in the absence of exam anxiety (58 – 64). At this point I notice that I was treating the calmness as if the client **already possessed** it (“so... this calmness that you speak of”). We talked through an actual exam scenario (63 – 65) and the client went on to **describe** what she would be doing post miracle. This was effectively a **re-construction** of how she would experience exams. I asked **two closed questions** (69 & 76) and the client developed her own more useful story.

In the entire third segment of co-reconstruction (refer to Appendix I) the client spoke 71% of the words compared to my 29%.

#### 4.6 Summary

With the first client I framed the introduction (“Let me ask you a question”) in the way I did so as to stay with the client. The three other clients either came with no particular issue (e.g., Client three) or with multiple unrelated issues (as it was with clients two and four) that we were able to sort and prioritise. Both types of no specific issue situations initially created more of a non-client / non-counsellor dynamic with a focus back on my research. To move to a relevant client / counsellor space I briefly restated the research driven purpose of the meeting. This led to a co-constructed exploration, led by the client and facilitated by me (as counsellor) of things the client thought useful to talk about where he or she would like to have something different happening. The miracle question sequence was introduced later in these sessions and I called the miracle question “my” question to signal to the client that the next question I was going to ask would be the question that was the subject of my research.

“Let me ask you a / my question” is a permission seeking statement but it carries the implication that permission has already been granted. In all four cases the clients re-affirmed that I could proceed by saying “yep” in two cases and either “sure” or “yes” in the other two. Early on in the miracle question sequence I told all the clients that imagination is required. This was to encourage the client to set aside reality for the moment and to just be open to wherever this would go.

- First and third clients: “You need to use your imagination”.
- Second client: “You’ll need a little bit of imagination to think about this”.
- Fourth client: “You’ve got to use your imagination a little bit”.

In all cases the clients acknowledged that they would use their imaginations. This was either built into the client affirmation of the asking of the miracle question sequence (as with

the first client) or acknowledged separately; “yep” with the second client, “okay” with the third client and “mhhh” with the fourth client (refer to the segments of transcripts in this chapter and the full transcripts in Appendix A).

Looking at all three segments of the complete miracle question sequence for all four clients in their entirety (see the complete transcripts in Appendix A) it is clear that in all three segments the talk is co-constructive but with different things achieved in each segment. The first segment is counsellor led with the client on-board as co-narrator. The second segment is more neutral and in the third segment the roles appear to reverse with the client taking the lead with me, as the counsellor, working as a co-narrator.

The third segment is the longest and most complicated as it is here that the client is beginning to build their preferred future and I appear to be predisposed to engaging with the client loosely in a cycle of conversation. This may assist with the creation of the clients preferred future. I begin the cycle by asking a closed question that, once the client had responded to it, I then pair with an open question by using the client’s response to the closed question. The client’s response to the open question then (usually) elicits a useful preferred future focussed conversation that I keep alive for as long as I can by reflecting and amplifying the client’s talk in a conversational way. The topic of conversation derives from the open question I asked off the back of the closed question. As this line of talk begins to exhaust itself I begin the cycle anew with another closed / open question sequence but I have tried to keep building the talk off the back of the previous topic.

## **Chapter 5: Discussion**

### **5.1 Introduction**

As discussed in the literature review, the intention of the miracle question is to provide a framework within which the counsellor and client co-construct a preferred future of life in the absence of the problem that brought the client to therapy (Hanton, 2011; de Shazer, 1988). This particular research utilised conversation analysis to focus on my actual use of the miracle question and this also enabled me to better understand my practice. The basis of conversation analysis is necessarily detailed on a word for word, turn by turn basis and through using conversation analysis I was able to consider the totality of the miracle question as a larger, complete sequence. It is hoped that this alternative lens of understanding will provide a different way to think about the miracle question. Also, as previously stated, I undertook the research in my capacity as an intern counsellor at a secondary school. My clients were students, who volunteered specifically to participate in the research by attending a counselling meeting where they could talk about whatever was useful.

My system for developing codes, categories and patterns is set out in chapter 3.4.3 with the patterns themselves detailed in chapter 4.1. In this chapter I discuss and then develop the major themes that emerged from the patterns identified in Chapter 4.1. The patterns allowed the way I utilised the miracle question to be seen as a larger sequence composed of three distinct but interdependent processes or segments with each segment accomplishing different things. In this discussion chapter I utilise and integrate academic literature to develop and make sense of the themes that emerged and through these themes I address the research question; How is the miracle question co-constructed and experienced by adolescents in solution-focused counselling sessions?



The themes that emerged and subsequently developed became vehicles for the exploration of the different constructive elements of talk that can be utilised by an SFBT counsellor when the miracle question is asked. With the addressing of the research question, this discussion supports, challenges, or expands on the literature. The research limitations are also described and future research is suggested.

## **5.2 Emergent theme development**

As my clients were adolescents there was a lengthy consent process that also involved parental consent. This meant that the counselling meetings would not have otherwise occurred organically; however, the time required to set up the research was offset by the brief nature of SFBT. Support for the suitability of brief therapy and SFBT in school environments is discussed in Chapter 2.4 of the literature review (see Brasher, 2009 and Kim & Franklin, 2009).

My findings suggest that the miracle question sequence provides an entry and exit point for the client to shift and engage in solution-focused talk in a meaningful and co-constructive way. Barrett (1996) suggests that during the period of middle adolescence (ages in the range of 14 - 16 years old) young people are concerned about being seen as having uniqueness and in later adolescence (ages in the range of 17 - 19 years old) their concerns shift to having feelings of worthiness (see Chapter 2.3 of the literature review). Wanting to be seen as unique or worthy may have contributed to the way that my clients, in all cases, responded with enthusiasm and curiosity as they happily engaged in the process in a very collaborative way right from the start.

## **5.3 Theme 1: Co-construction of the miracle question to create the potential for change**

Starting when I say “Let me ask you a / my question”, the theme of *co-construction* evolves with the creation of a hypothetical situation that begins at the end of the counselling

session and concludes as the client wakes in the morning of the next day after the miracle has occurred. Co-construction serves to create an environment within which the de-construction that is to come can occur. During this miracle question process it is characterised with myself, as counsellor doing virtually all of the talking but is co-constructive nonetheless. Shawver (2012) describes this as “tiotoling”. Pronounced as ‘tea-yodelling’, tiotoling is a type of acronym for ‘talking to listen’. This is a therapeutic approach designed to elicit a response from the client that will allow a useful conversation to take place (Shawver, 2012). My talk during this segment is tentative. Co-construction is evident with the way I utilise pauses and elicit generic and non-verbal responses from the client. These findings are drawn from the data and analysis in chapter 4 as well as Appendix A and summarised in the table following.

De Shazer (Bucklaw, 2012) holds that the pauses are very important because they allow the client to make sense of, and think about, what is being said and to catch up and keep up with the talk. As can be seen in the following table, in this initial co-constructive segment, on average across all four clients, approximately 30% of the total time taken is spent with me as the counsellor, paused. That is, even though it is my turn to talk I am not talking.

#### **The initial co-constructive scene setting segment**

	Client 1	Client 2	Client 3	Client 4
Total time taken	1 min 10 sec	1 min 45 sec	1 min 34 sec	1 min 58 sec
Cumulative length of counsellor pauses	26 sec	35 sec	21 sec	36 sec
Number of client generic responses	5	6	7	4
Number of client nods	5	11	7	9

The use of pause is discussed in chapters 2.2 and 2.6 (Miller & de Shazer, 1998; Bucklaw, 2012; de Shazer, et al., 2007). The analysis of my delivery of the initial segment of the miracle question suggests that the pauses enable co-construction simply because they provide an invitation and a comfortable space for the client to engage in a collaborative way.

Generic responses (e.g., okay, yes, uhum, uh ha) and non-verbal feedback (e.g., nods) show that although I am doing most of the talking, the client is involved in the story as a co-narrator (Bavelas, Coates, & Johnson, 2000). Bavelas, Coates and Johnson (2000) hold that the listeners' responses will influence the way the narrator tells the story and meaning useful to the listener can be constructed. This means that I am not speaking autonomously in a monologue to a passive listener. Both the client and I are actively engaged in the story telling (Clark, 1996). Known as back channel feedback, these generic verbal responses and non-verbal feedback serve to illustrate the story and they are co-constructive in that they affect my performance as the primary narrator (Strong & Pyle, 2009). Back channel verbal responses are thought to align the listener with the speaker; however, as discussed in Stivers (2008) the listener specifically nodding during a telling is also said to be an endorsement of the speaker's perspective and a demonstration of the listener's affiliation with the speaker's stance (Stivers, 2008). As detailed in the table above, the clients nodded a number of times and uttered a number of generic responses during each telling.

It is possible that the collaborative nature of my talk in this segment is partly responsible for the level of client back channel feedback. I align myself, whenever I can, with the client by tailoring the scene setting using knowledge of the client that I have gained from things the client has said to me previously or I ask for additional information as we go. I had previously assumed that this could at least partially explain the ease with which the client constructed their post-miracle preferred future. An alternative explanation is that this segment allows me to speak on behalf of the client, or, as if I am the client. The more true to life, or

accurate, my talk is the more likely the client is to own it as their own and then leverage off it to build a preferred future in the final segment. This explanation finds support from Shawver (2012) who would regard my talk in this segment as a type of 'tiotol' (as described above) which she describes as a process of "talking in order to facilitate my clients' talk" (p. 39).

The theme of co-construction concludes when I tell the client that they wake up in the morning after the miracle has happened but are unaware of the happening. The next theme is of a de-constructive nature and this begins when I ask the client the miracle question/s about how they know things are different when they wake up in the morning after the miracle the night before .

The scene setting story co-constructed as the basis of the first theme serves to create the potential for 'something' to happen. Within the language game of the miracle question the idea of a miracle becomes legitimate.

#### **5.4 Theme 2: De-construction of the problem saturated reality**

*De-construction* begins when the client wakes up in the morning after the miracle. This is when the miracle questions are asked. They are necessarily de-constructive to enable the client to shift enough so as to begin to experience life in the absence of the problem. The de-construction is co-constructed (co-deconstructed) by the way I ask the miracle questions in reference to the problem. The miracle is that the problem no longer exists.

De Shazer (1988) discusses de-construction as a necessary therapeutic process when the way clients perceive their problems become global. In other words, when their frames of understanding come to be seen as facts of life. Frames are the rules of reality and different situations will call for different rules so that meaning, useful or otherwise, can be developed. Reframing is what happens when the rules, for any given situation, are transformed to move the client away from the particular problematic situation that they have presented with. When centred in my three stage process the miracle question/s are used to assist a client to

deconstruct an existing frame by casting doubt on the premise the frame is built on. The occurrence of a problem-removing miracle frees the client to consider the troublesome existing frame. This creates an expectation of change that the client becomes available to experience (de Shazer 1988).

My research suggests that this is what the miracle question actually is; a deconstructive question, or series of questions, designed to cast doubt on the existing frame of understanding. This paves the way for a co-reconstructive conversation (in the third segment) toward building a preferred future with a problem-free focus. With my clients I asked several miracle questions in a row with no space in between:

Client 1: “How would you know that all of a sudden things are easy with girls? How would you discover that things have changed?” (1:28 – 32)

Client 2: “How would you discover that things have changed? What would be different? What would be the first that you would notice?” (2:38 – 40)

Client 3: “How would you find that out? What would tell you that things are different?” (3:35 & 36)

Client 4: “How would you find out that these troubles of yours don’t exist anymore? What would be different?” (4:37 & 38)

Berg was also known to, on occasion, ask a second miracle question right after the first (e.g. Andrewstrainingvideo, 2010).

If the doubt casting miracle questions are seen as deconstructive tools rather than just questions, then just the asking of them will be useful. With each of my clients I ask at least two of these questions, one after another, with the latter question informed by the earlier question (as set out above). The client then attempts to answer the final one. My research suggests that the happening of a problem solving miracle was then able to be cemented into the present moment to become both deconstructive, in and of itself, and to allow further

deconstruction to occur. There is evidence that Client 1 viewed it that way at lines 43 & 44: “but if that miracle did happen I wouldn’t feel like... I would just be calm and collected....” And also with Client 3, lines 40 & 41: “I wouldn’t stress as much about the mock exams. If it (the miracle) were to happen now”. In both cases the clients reminded themselves about the miracle occurring.

The positioning of this phase of the miracle question sequence as de-constructive fits within the model of deconstruction proposed by Sanchez-Prada & Beyebach (2014) who, in an analysis of solution-focused responses to *no improvement*, discussed a process of deconstruction consisting of five stages that the counsellor moves between: connection, preparation, deconstruction, elaboration and consolidation. Sanchez-Prada and Beyebach (2014) asserted that the “deconstruction phase consisted of conversations that focused on present or past experiences that could be construed as positive” (p. 55). It was considered to be a tentative model of deconstruction designed to illuminate how counsellors can deconstruct client reports of *no improvement* since the previous session. Because this literature is not about the miracle question it was not considered relevant at the time I conducted the literature review process. For the same reason, analysing this model of deconstruction in detail is not within the scope of this research. Although I make the observation that there are similarities (e.g. both consist of multiple stages) between this model of deconstruction and my model of the complete miracle question sequence when considered as a three part constructive / deconstructive / reconstructive process. In line with Sanchez-Prada & Beyebach (2014) the deconstructiveness of the miracle question occurs within the asking of “What would tell you that things are as they need to be?” Or similar question/s. The question is seated in the present because of the way I set the scene in the first segment. The ‘presentness’ of the occurrence of the miracle is well understood by the clients.

In the case of my research examples Clients 1 and 3 (as described above) even verbalised that they understood this to be the case, that is, that the miracle is happening now.

I was initially struck by the way the deconstructive process seemed to hold aspects of problem talk. I speculated if that was something that contributed to the deconstruction. My thinking finds support from Sanchez-Prada & Beyebach (2014) who hold that “connection with client’s problem-centred discourse may be an important part of the deconstruction process” (p. 58). My deconstructive miracle questions are to do with the problem and are about something changing to become different. The way I asked the miracle question was to do with the client noticing what had changed or what was different after the miracle. This means that there is a before and an after to think about. The before is what is deconstructed allowing doubt to be cast on the existing global frame (de Shazer 1988).

The requirement for a problem focus as part of a complicated total process is out of favour with much of the current thinking on the future direction of SFBT (Franklin, Trepper, Gingerich, & McCollum, 2012; McKergow & Korman, 2009; McKergow, 2016). But then conceptualising the miracle question as being, partially at least, a deconstructive process also appears to be something not previously considered elsewhere.

The deconstructiveness of the talk of a miracle event seemed to allow for a shift from problem talk to solution talk. Although the initial answer to the miracle question was with a problem focus, as part of the deconstructive process, when client and counsellor moved to the third phase of co-(re) construction the talk shifted to be solution-focused. The deconstructiveness of the miracle question is not lengthy. This process only needs to be enough to “subvert taken for granted realities and practices” (Epston & White, 1992, p. 121) so that life, in the absence of the problem, can be co-reconstructed.

### 5.5 Theme 3: Co-reconstruction of life in the absence of the problem

My research clients readily engaged co-constructively to re-construct (co-reconstruct) how things would be for them after the miracle suggesting that the miracle question sequence acts as a change agent process. As something beyond the client that enabled them, gave them permission, and provided a linguistic ontological pathway to make a paradigm shift toward other possibilities and new knowing.

Drawing from the data and findings, all four clients are typical of the experience I have had previously with the miracle question. Initial responses seemed to be clear, concise, reasonably immediate and, from my perspective as the counsellor, almost seemed to come from nowhere. Now that I have conducted this research I am beginning to see that it may be the underlying sequenced process of how I ask the miracle question that allows for this to happen. In all four cases the preferred future that was ultimately co-constructed was not at all connected to the original problem. These are set out below. Appendix A contains the full transcripts as supporting data.

Client 1:

- Presenting problem: Difficulty with talking to girls.
- The co-constructed preferred future: A person who is open, friendly, helpful and who likes to see people happy.

Client 2:

- Presenting problem: Depression.
- The preferred future that was ultimately co-reconstructed was one of collaboration, participation and accomplishment.



Client 3:

- Presenting problem: Anxiety about exams.
- The preferred future that was ultimately co-reconstructed in this example was of the client being confident in her abilities. With this confidence she would share her ideas in class. This creates a flow on effect where she receives useful feedback that would help her to get the even better grades that are important to her.

Client 4:

- Presenting issue: Multiple stressors – anxiety, exam pressures and relationships.
- Preferred future: Living with a feeling described as relief. Like a weight coming off your shoulders. Being able to breathe. Being calm.

It was pleasing to see that the co-reconstructed preferred futures were not related to the problems the clients had initially talked about. This is one of the major tenets of SFBT (de Shazer, et al., 2007) and is already well supported by existing literature (e.g., de Shazer et al., 2007; De Jong & Berg, 2013; de Shazer, 1988; Hanton, 2011).

Another aspect of co-construction that is pertinent to this research is highlighted by Strong and Pyle (2009) who discuss the social constructionist approach of viewing conversational processes as things that are “negotiated between counsellors and clients” (p. 329). The constructive nature of language is used by the counsellor and client to co-construct a reality where the miracle has happened and the idea that a miracle must have occurred is able to be talked into being (Strong & Pyle, 2009). This is relevant to all three themes and is indicative of the interdependence that exists between them.

That client and counsellor were able to achieve these outcomes speaks to the way the miracle question allows the counsellor to utilise the socially constructive qualities of discourse. Experience is not privately created inside the minds of individuals but comes into

being within the therapeutic conversation. That would explain how the things the clients said seemed, from my perspective, to come from nowhere.

The miracle question is said to move clients away from the idea that nothing can change (Stith, et al., 2012). Often problems seem so permanent that they are just part of the fabric of the person's life and it would, literally, take a miracle to change this (De Jong & Berg, 2013). As a result of conducting my research I am able to propose that the deconstructive nature of a miracle is what allows clients to shift from being stuck to accepting that things can be different. De Shazer (1988) holds that asking clients about goals "using the miracle sequence consistently elicits descriptions of concrete and specific behaviours" (p. 5).

#### **5.6 Theme 4: The client becomes the primary narrator of their own preferred future story**

The final theme is an overarching one that captures the transition that takes place across the total process. This can be seen in the way the client does most of the talking in the third segment. This stands in contrast to the first segment and shows that the role of narrator became the clients and I became the co-narrator in his / her story. Across all four client examples 72.75% of all the words spoken in the third (co-reconstructive) segment, on average, were spoken by the clients. The words that were spoken by me as the counsellor, 27.25% of the total words, virtually all came in the form of questions or short statements of reflection or amplification. That type of talk fits with the role of co-narrator (Bavelas, Coates, & Johnson, 2000) and is further evidence to demonstrate how the client adopted the role of narrator in the third segment.

As discussed in Chapter 4.6, the way that I paired closed and open questions in the third (co-reconstructive) segment as part of a cycle of conversation may have contributed to kick-starting the client into telling their story of life post-miracle. I also wonder if the time

and energy I spent with the scene setting in the first co-constructive segment, where I do most of the talking, constructed a sense of obligation on the part of the client with the third (co-reconstructive) segment then becoming their turn to be the narrator and to contribute to the story. By that stage of the session the client had been promoted to narrator and I had become authorised by the client to act as co-narrator. This might also be part of the mechanism that enables the talk to shift away from a problem focus and towards a solution focus. The end result is a solution or preferred future that is not related to the problem.

Examples of closed / open question pairing:

Client 1, lines 58 - 61. Me asking a closed question: "And has there been any times recently when you've been able to do that just a little bit?" The client responds with: "Yeah, oh yeah". I follow up with an open question: "What's happened?"

Client 2, lines 61 - 66. Me asking a closed question: "So the feeling part of something bigger than yourself would in itself be a little bit more motivating?" The client responds with: "Yeah". I follow up with two open questions: "And so what would the people in your class notice? How would they know that things have changed?"

Client 3, lines 62 - 68, Me asking a closed question: "So you wouldn't be worried about how you did in comparison to everybody else?" The Client responds: "Yes, yep". I follow up with an open question: "And how would your class mates, how would they know that you... what would, what would be different about you that would tell them that hey (client's name) is not worried anymore about how she stacks up compared to us? What's different about you?"

This theme is not so clear with Client 4. Most of my questions in the third pattern with this client are open questions and the closed questions I do ask are answered as if they are open questions, so it is still very constructive.

Lines 69 - 81, I ask a closed question: “So you’ll feel more confident?” Client 4 provides a lengthy answer and then I ask another closed question: “Because you always do pass?” The client answers: “Yeah, so, yeah”. Then I ask two open questions: “This sort of, so we’re talking about feelings of calmness and confidence. What do they feel like? Can you think of any times when you felt calm and confident when you might otherwise feel worse?”

With all of the clients, a co-constructive conversation ensued that I kept alive with reflective and amplifying comments. I also encouraged the talk and showed the clients that I was engaged and listening with generic responses, such as “yeah” and “uhuh”. It was then relatively easy to explore for exceptions / previous instances when the miracle had already occurred.

## **5.7 Summary and Conclusion**

By way of a summary and conclusion, I further summarise the findings and focus particularly on the experience of adolescents in answering the research question. I set out the way my research aligns with, and is supported by, existing literature about SFBT and consider limitations and future research opportunities.

### **5.7.1 The research question**

How is the miracle question co-constructed and experienced by adolescents in solution-focused counselling sessions?

The miracle question is a useful, collaborative, and co-constructed experience that allowed the adolescent clients to develop a sense of their own agency and to begin to capture glimpses of how they would prefer life to be for them, how they can create that, and the ways in which they are already creating that.

The ease with which the adolescent clients took the conversational high ground in the third (co-reconstructive) segment of the miracle question sequence stands in contrast to the

commonly held and usual assumptions some adults make about adolescents being non-communicative. Perhaps the time spent setting up the miracle question with the first (co-constructive) segment allowed me to talk myself into their lives, at least the part that was lived during the session. The investment I make at the front end of the miracle question possibly also predisposed the client to feel inclined to make a good contribution at the back end. I have come to think of the first (co-constructive) segment as being my turn and the third (co-reconstructive) segment being the client's turn with the effort the client made during their turn being influenced by the level of effort I made when it had been my turn initially. In line with this thinking, all three stages of the miracle question sequence, as I have formulated it, are interdependent and, therefore, reliant on each other. As the client's preferred future gained a life of its own the construction of it became more organic and the influence of the miracle question sequence was left behind. That I was even doing any of this had been previously invisible to me. It was not until I undertook this project to research my use of the miracle question that I was able to see more of what might be going on and the idea of a three stage process came into being.

### **5.7.2 Support and alignment**

To demonstrate support for my findings within existing literature I return to *More than miracles, the state of the art of solution-focused brief therapy* (de Shazer, et al., 2007). Referred to in the literature review, it, as a relatively recent text notably co-authored by de Shazer and Berg as well as other leading SFBT commentators, can be relied upon to capture robust and useful SFBT thinking.

As my use of a three stage process emerged from the data I was able to see that this is what enabled me to tailor the miracle question to the needs of each client. This, in turn, is possibly helpful because the adolescents can more easily envision themselves participating in their own particular preferred future. In this way I can see that the way I normally ask the

miracle question always allows for a degree of tailoring. That this is a normal way to ask the miracle question is supported by de Shazer, et al., (2007). Although this research has allowed me to understand, at quite a deep level, what I do when I ask the miracle question and while it has addressed and answered the research question, the research has also answered questions that I did not know I had asked.

It is not until you hear the answer that you know what question you have asked (de Shazer, et al., 2007). Even though, to my knowledge, thinking of the miracle question as a three part process has not been considered previously, the themes that emerged from this proposition appear to align with some of the existing (and well established in the literature), major tenets and assumptions that underline SFBT, and that are implicit in the literature already reviewed for this project. The way in which the emergent research themes resonate with established SFBT tenets answer the unasked questions about the relevance and utility of my research. They suggest opportunities for further research into the concept of the miracle question (relevance) and, philosophically, they are exportable to other SFBT interventions (utility).

Themes 1 and 4 are aligned with the SFBT premise that the future is both created and negotiable (de Shazer, et al., 2007). This is to do with powerful social constructionist paradigms where people are not seen as locked into any particular behaviours because of history, social status or psychological diagnosis. Instead they are regarded as creators of their own destiny (de Shazer, et al., 2007).

Theme 2 aligns with the SFBT premise that the language for solution development is different from that needed to describe a problem (de Shazer, et al., 2007). Drawn from the notion of language games proposed by Wittgenstein (Lock & Strong, 2010) this holds that solution talk is more positive and future focused. In contrast, problem talk is negative, past-history focused and based around the permanence of problems (de Shazer, et al., 2007). The

de-constructive segment of the miracle question sequence, as Part 2 of the three part process, stands as a point of transition within which the shift from problem talk to solution talk can occur.

Theme 3 aligns with the SFBT premise that the solution is not necessarily related to the problem (de Shazer, et al., 2007). Other therapeutic modalities approach change from a problem solving perspective. This means the focus is on understanding the nature and origin of the problem and therefore any solution ultimately arrived at will be connected to the problem. As this research has shown, in SFBT, and with the miracle question in particular, how life will be in the absence of the problem is what is focused on (de Shazer, et al., 2007).

Theme 4 considers the three part miracle question sequence as a complete process. Taken in its totality, the three stage process I propose resonates with the SFBT philosophy that positions the counsellor as a naïve enquirer “leading from one step behind” (De Jong & Berg, 2013, p. 53). This tenet holds that, although the client is viewed as the one who knows their own life best and is already well resourced to bring about desired change the SFBT counsellor is still active and leading rather than passively waiting for the client.

### **5.7.3 Limitations and future research**

As an overarching three part process, the miracle question sequence seems to provide a structure, of sorts, within which the counsellor and client are able to safely negotiate a situation which sees the counsellor relinquishing the initial lead role to the client and thus taking up the position of naïve enquirer. As a naïve inquirer the counsellor is then authorised to lead from behind. The utility and usefulness of this could be a topic for further research.

More intimate knowledge of what is happening at a micro conversational level through further practice based research may be useful with better understanding the miracle question approach as a whole. At present there appears to be scant literature on the miracle question and SFBT where conversation analysis is used as an analytical tool. This is noted by

Yvonne Dolan, co-founder (along with Berg and de Shazer) of the Solution-focused Brief Therapy Association, who writes: “more microanalysis research into the co-construction process in solution-focused conversation is needed to develop additional understanding of how clients change through participating in these conversations” (Dolan, 2018).

There are also limitations to the presented research. These are around the sample type and size, the organisation and logistics of the research and the possibility of un-researched factors, such as the therapeutic alliance (the relationship between client and counsellor), having an influence or impact on research findings.

At the outset I was hopeful of being able to create generalisable findings, but this has not been the case. These findings are not generalisable. That is, they are not able to be applied to other populations. This is because the research conditions were very situation specific (adolescent students in a secondary school) and the sample size is very small (four). Further research could be undertaken by multiple counsellors in different settings using larger sample sizes to see if findings are able to be generalised.

The organisation of the research was largely driven by ethical considerations. There was a lengthy consent process that involved revealing what it was I was researching. This meant that the clients knew that I would be asking something called the miracle question. This would not happen in a normal counselling situation. Taking the situational logistics into consideration with the way school counselling appointments are made meant that my research subjects were not able to be drawn from my usual stream of clients. This meant that, whilst my research involved normal counselling it needed to be conducted outside of what had become my usual counselling duties. The outcome was that the counselling meetings were created to some extent, that is, they would not have occurred organically; however, this made for a tension free environment of transparency and willing participation within which I



operated as a counsellor first and foremost. Nonetheless, repeating this research with adult clients in a naturalistic setting would be beneficial.

As an unknown and un-researched factor the strength of the therapeutic relationship may have had an impact on the outcomes. As a school counsellor, I work solely with the student population of the school. Within this closed demographic one of the clients had met me previously within a counselling context and it was likely that the others knew of me.

It would be my hope that further research using conversation analysis would provide for deeper ownership and use of the constructive and transformative properties of discourse in general. Further research could also allow for the miracle question to be more easily and usefully viewed as a sequence containing many questions rather than as an intervention that consists of a single stand-alone question, as tends to be the case currently.

#### **5.7.4 In conclusion**

This research adds to the existing and, somewhat limited, literature (Dolan, 2018) that looks at the miracle question from the perspective provided by conversation analysis. The concepts of co-construction and de-construction, as therapeutic interventions championed by postmodern modalities, are already supported by the literature which has been reviewed as part of this project (e.g. Bavelas, Coates, & Johnson, 2000; Strong and Pyle, 2009; De Shazer, 1988) and by other unrelated literature that I have researched to add robustness and support to my findings (e.g. Sanchez-Prada & Beyebach, 2014; Epston & White, 1992) as they emerged organically. To my knowledge, however, these concepts have not previously been combined with the notion of co-reconstruction in an interdependent three stage process or sequence and, through the use of conversation analysis, used as a model to explain the miracle question. As a three part interdependent process of co-construction, de-construction and re-construction this model offers an explanation as to how the miracle happens.

I have been attracted to the idea of SFBT (and the miracle question by association) as a rumour (Miller & de Shazer, 1998; Iveson & McKergow 2016) as discussed in Chapter 2.6. Throughout this project I lived the rumour narrative with the way I found myself repeatedly going back to the same SFBT literature to find different information and meaning. For example: the book, *Clues* (de Shazer 1988), was originally reviewed in Chapter 2.2 as part of the discussion on the miracle question. Then it became a source of support for the rumour narrative itself in Chapter 2.6 and, as the project unfolded, became a significant reference when I found myself, during the data analysis process, recognising aspects of de-construction within the miracle question delivery. Finding literature on de-construction was difficult and I thought it was interesting that *Clues* (de Shazer, 1988), one of the oldest and most original sources I accessed, proved, ultimately, to be an extremely relevant reference source for a concept (de-construction) I had not previously come across in SFBT. That the book proved to be a rich source of information is not, in itself, remarkable. The remarkableness came from the recognition of not expecting what the book had to offer. Each time I picked it up it became as exciting as a rumour.

For this project I have read scores of journal articles and books in the pursuit of knowledge on the subject of the miracle question. Being in receipt of all this knowledge made it difficult to maintain a non-expert stance, as a researcher. Maintaining a non-expert position is a fundamental premise for an SFBT counsellor (Hanton, 2011). This allows the counsellor to work as a naïve inquirer, leading from one step behind (De Jong & Berg, 2013). My research has shown that it is important for me, as a counsellor, to maintain a non-expert stance to ensure that the miracle question is delivered effectively. This was recognised in Theme 4.

In hindsight it would have been my preference to have more fully recognised the challenge of this as a researcher. Had I maintained more of a non-expert stance during this

research project who knows what else might have unfolded to do with the workings of the miracle question? What else can be known about the miracle question? It is with this in mind that I offer, as a final reflection, a martial arts metaphor that I have turned to from time to time throughout this journey.

“Shoshin” derived from Zen Buddhism meaning “Beginners Mind”.

*“In the beginners mind there are many possibilities. In the experts mind there are few”*

(Shunryu Suzuki, 1970)

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## Appendices

### Appendix A

#### Client 1: “If that miracle did happen”

##### Co-construction: Setting the scene

1. T: Le:::ts (.5) let me (.) <ask you a question> and you need to use your imagination
2. *((spirals hand in front towards client while talking to emphasise that imagination is*
3. *required))*.
4. C: Yea *((leaning forward slightly and nodding))*
5. T: Let's say (2) *((leans forward and places left hand on table))* you (.5) um (.5) we finish
6. our session [today]
7. C: [okay] *((nodding))*.
8. T: and you go back and (1) uh (1) have the rest of your day [at school] (.) you go home (1)
9. C: [((nodding))]
10. T: you <get home> and you do (.) whatever you normally do at home.
11. C: Uhum *((nodding in agreement))*
12. T: Your homework watch tv or (.5) you know go on your device see a little bit of
13. whatever's going on for you normally on a Wednesday night you have dinner (.5) you
14. know with the family at some stage you go to bed (1.5) you go to sleep (2) the house is
15. quiet and <during the night> (1) in the middle of the night (1) let's call it a miracle (.1)
16. happens.
17. C: Hmm *((nodding))*
18. (2)
19. T: only you're [asleep] so you don't know that anything's happened but (.) >just like
20. C: [((nodding))]
21. T: that< *((snaps left fingers directing at client))* (2) <everything *((spiralling both hands*

22. *out in front and leaning back*)) with girls (1) is easy> (2) okay (1)
23. C: Uh ha ((*nodding*))
24. T: You wake up in the morning (3) unaware (.) of the miracle because you've been
25. asleep ((*moves left hand to the left to demonstrate sleeping*))
26. C: Uhum ((*nods and also moves hand to mirror the counsellors own hand movement*))
27. (2)

### Analysis

The conversation prior to the start of the transcribed section had been occupied by the client telling me about his problem (lack of 'success' with girls). In an effort to move the conversation away from problem talk and towards a solution / future focus I begin the miracle question sequence. This represents a significant shift in the flow of discussion. I signal this (1) by **speaking tentatively**. Drawing out the first word (Le:::ts) gives it meaning as a **discourse marker** to signal to the client that the direction of the conversation is changing. The **presupposition** "Let me ask you a question" is a form of **permission seeking** and a **pre-sequence** to the miracle question that is to come. The statement "and you need to use your imagination" suggests that this is not just any question and the client will need to listen carefully and pay attention. It also acts as **a bridge** to the miracle question sequence. The **client consents** (4) verbally and also non-verbally by leaning forward and nodding.

I then say; "let's say" (5). This serves as an introduction to the hypothetical situation about to be **co-constructed** and also tells the client that there is information about to be provided that is required to be able to answer the upcoming question. From this point on the talk is future Focused. I set the scene (8 – 15) with **future Focused talk** that describes how things are going to play out over the rest of the day from the time this session finishes and right up until the client is in bed tonight and is going to sleep. I utilise my existing knowledge of this client by **tailoring my talk** in lines (12) and (13) to be based more specifically on

what this particular client may do tonight. However the assumption is that it is just another Wednesday and, as such, is unremarkable. The client is engaged and in **agreement**. He shows this by nodding and **using generic responses** (7, 9 & 17).

As the hypothetical situation progresses the **future Focused talk** becomes more detailed and explicit “you go to bed, you go to sleep, the house is quiet” (14 & 15). I **restate** that it is the middle of the night (15) and at this time a miracle happens (15 & 16). I also place emphasis on certain words (14 & 15) and slow my talk (15) to make for a richer description.

**Pauses** are interspersed through the future Focused talk so the client can keep up and has time to think about what is happening. I **restate** that the client is asleep (19) and that (therefore) he is unaware of the miracle happening. The miracle happens instantly (19 – 23) and the client continues to convey his engagement by nodding and providing appropriate **generic responses**.

The future Focused talk ‘fast forwards’ to the morning when the client wakes up (24). That he is unaware the miracle has occurred is **re-stated** because he was asleep at the time. The client agrees with this (26).

One minute and 10 seconds elapsed from the time I begin with “let me ask you a question” until the question was actually asked (28) as set out in the transcribed section below. I then went straight on to ask a second question (31 & 32).

### **De-construction: The miracle question**

28. T: <How would you know> (*((spiralling both hands in front))*) that (.5) all of a sudden

29. C: Uhum

30. T: things are easy with girls? (*((both hands out in front directing towards client))*) How

31. would you discover (*((leans back in chair places both hands together))*) that things have

32. changed?

33. C: Well (.5) uh for me with my (.) in my experience like talking to girls is like going up



34. in front of a class and giving a speech.
35. T: Oh it's like doing that?
36. C: Yeah its like you're nervous you're you're nervous your hands are shaking (.) you
37. have um butterflies in your stomach (.) minutes before you're you walk up and even after
38. you walk up you still have those feelings and (.) its common like um (.) if you're not
39. nervous before you give a speech yeahrum it's like you're over confident and something
40. like that but um
41. T: Yes.
42. C: That's how that's how I used to feel like when walking up to a girl and trying like (.)
43. with all that (.) going on I couldn't even utter a word (.) but if that miracle did happen I
44. wouldn't feel like (.) I would just be calm and collected in front of them and I could just
45. be feeling....
46. (2)
47. T: And what would (1) what would they (1) experience? What would be different?
48. You're talking to the girl...

### Analysis

I ask two **open ended questions**, one straight after the other (28, 30 & 31) in the hope of **de-constructing** what has now become, because of the miracle, old meaning. The de-construction, with both questions, creates the assumption that things (post miracle) have become easier with girls and I am interested in how the client understands this to be the case.

The client answers by explaining how things have been for him in the past (33-40). So at this point he is staying in the problem. I **reflect** back to the client (35) "it's like doing that" (but it's not that) and use a **minimal encourager** (41), but without engaging in problem talk, to acknowledge and reinforce the clients talk.

The client then transitions to **de-constructive** talk by saying that post-miracle (“if that miracle did happen”) he would just be calm and collected in front of girls (44) whereas previously he was so nervous he “couldn’t even utter a word” (42, 43).

To begin a shift into **co-reconstruction** I follow up on the idea of the client now being calm and collected by asking him what he thinks the experience of the girls (that he is talking to) would be in this case? I use two **open ended questions** to ask this (47) and then I **encourage** the client to **reconstruct** new meaning around this by leading him with an **encourager** (48).

### **Co-reconstruction: A preferred future**

49. (2)

50. C: (.hhh) I would ((*giggles*)) like I would um (.5) I would not I would try not to be

51. like to like like a complete my complete boyish ways like when I’m with my mates and

52. all that. I might be like just refrain a bit↑ and just you know be more like refined and um

53. (.) uh (2) I would still be (.) be myself but I would just you know just try to impress them

54. (.) you know (.) I would reduce the boyish charm a bit and yeah (hhh) (1) but um (.) what

55. I’m getting at is like (1) if that miracle did happen I would just walk up (.) uh walk up to

56. a girl and I would be calm (.) um and be myself in front of them (1) and presenting

57. myself to them as (.) as such.

58. T: And (2) has there been any (2) times recently when (.5) you’ve you’ve been able to do

59. that just a little bit?

60. C: Yeah oh yeah.

61. T: What’s happened?

62. C: Um (.) like um (1) yeah once um (.5) <it was the second> (.) no it was the first it was

63. the first week of this term (.5) uhhh so this was it was this was during the science this

64. was during science so (.) like every guy every guy in the class like every guy in the class

65. didn't talk to (.) every other uh girl in the class like um. So they just talk to themselves

66. they don't talk they don't interact with the others.

67. T: °With the girls?°

68. C: Yeah.

69. T: °Right° ((*nodding*)).

70. C: So what they did was this particular day they just lined like uh everyone just um went

71. to the back of the room and just lined up the tables in like in a long line they just uh sat

72. there (1) and I came in late because >you know< I had cricket and all that. I came late

73. and so I didn't see a seat anywhere and so there was an empty seat in front of like with a

74. girl and they said like uh "go for it I dare you to just go sit there" and I was like "oh

75. okay" and I said uh "fine" and I went and I sat and yeah I just went through the period

76. talked to her and yeah it was fine.

77. T: And what did she say to you?

78. C: Well (.) she uh ((*giggles*)) she said I was quite sweet and kind and funny and all that

79. and that made my day.

80. T: She said that? ((*raises eyebrows and smiles broadly at client at the same time*))

81. C: Yeah.

82. T: How did she come to say that?

83. C: Umm (2).

84. T: I bet that made your day!

85. C: ((*laughs*)) I just you know um (.) I (1) like (1) for me especially like I like to make

86. people happy and uh to help people so you know like she was uh (.) sometimes I always

87. see like she's always sitting alone so I thought like yeah↑ why not? Like no one like (.)

88. let's just do a good deed and uh just be myself and uh I just (.) you know (.) I just wanted

89. to make her happy like any one happy (.5) that's uh (.5) that's who I am.

90. T: And were you nervous about talking to her?

91. C: A bit at the start like I was a bit like uh (.) >what can we talk about<? But then I just

92. went for it and uh it turned out that yeah ((*gives a thumbs up*)) uh yeah it just turned out

93. that I could do it <and like she> (.) liked talking to me.

## Analysis

In this section the client is **describing** how things would be for him with girls after the miracle has happened. This was in response to the **open ended questions** I had asked him at the end of the previous section (47& 48). The clients initial thoughts were a little bit problem focused where he describes what he wouldn't do (50 – 54). Then he switches to **reconstructive solution talk** after reminding himself of the miracle. He talks about just calmly walking up to girls (55 – 57). I then ask him a **closed question** that is actually also an **exception question** (58 & 59). The client responds accordingly with a closed answer (60) so I then ask an **open question** (61). The client then begins to tell of a time when he came into class late and, because of the seating arrangement in this particular class, he had nowhere to sit except next to a girl who was sitting by herself. His friends dared him to sit next to the girl and so he did. He said that he also talked to her during the period (62 – 76). I **engage co-reconstructively** with short **clarifying comments** and / or **minimal encouragers** (67, 69). The client finishes the story and I ask what he and the girl talked about: “And what did she say to you?” (77) The shift in conversation at this point is pre-empted with a **discourse marker** (‘And’). Then there is a passage of talk where the client tells me what the girl said to him. I delve deeper with an **open question** (82) and when the client is not immediately forthcoming I **encourage** him by saying “I bet that made your day!” (84) At this point the client then **re-constructs** the ‘talking to girls’ narrative into a more useful discourse of just being friendly and polite and happy to talk to anyone (85 – 89). I ask a **closed question** (when an open question may have been more effective) to work **co-reconstructively** with the

client (90). This allows the client to further **reconstruct** that he can talk to girls and that this particular girl liked talking to him (91 – 93).

**Co-reconstruction** between us enabled the client to shift from thinking that the only reason one talks to girls is to ask them on a date to a more useful narrative of general friendliness. The rest of the talk from this point was around building this as a **preferred future**.

## Client 2: “Yep”

### Co-construction: Setting the scene

1. T: Let me (.5) ask you my question.
2. C: Yeah ((*smiles*))
3. T: This is a good time (3). Yep (1). Let’s say (1) you (1) uh-hh (1) we finish our (.5)  
[meeting] ((*circular winding up motion with hands*))
4. C: [((*nodding*))]
5. T: and continue on with the rest of the day at school.
6. C: Yep ((*nodding*))
7. T: You go home after school finishes and you go home and (.5) you (1) get on with
8. wh[atsoever it is ]you get on with after school on a Thursday homework I[ suppose and]
9. C: [((*nodding*))] [((*nodding*))]
10. T: study (2) family time, watching TV and having dinner and at some stage (1) you go to
11. bed and you eventually ((*T is aware that C has difficulty sleeping*)) [fall asleep]
12. C: [((*nodding*))]
13. (2)
14. T: When you’re asleep (1) you’ll need a little bit of imagination [to think about]t this (1).
15. C: [((*nodding*))]
16. T: When you’re asleep (2) a miracle happens.
17. C: Yep.
18. T: The miracle (2) is that (1.5) you (1.5) are (1.5) whatever the opposite of depressed is  
(1)
19. (1.5) <un depressed>.
20. C: ((*Laughing*)).
21. T: A:nd (1) you’ve also got clarity [>which is w]hat I< sense (1) you’re looking for.

22. C: [((*nodding*))]
23. C: °Yeah°.
24. T: Umm that's the miracle only (.5) you don't know that this has happened because
25. you've been asleep.
26. C: Yep ((*nodding*)).
27. T: But nonetheless (.) when the house is quiet (.) the miracle occurs↓ and ((*snaps fingers*))
28. just like that you have (1) clarity ((*sweeping gesture with hands*))
29. C: Hmm ((*nodding in agreement*)).
30. T: So (2) you wake up in the morning (.5) not knowing (.5) that (1) this [has happen]ed  
(1)
31. C: [((*nodding*))]
32. T: but all the same things are different.
33. C: Yeah.
34. (2)
35. T: And that you have the clarity and the motivation that you don't [feel that yo]u have at
36. C: [((*nodding*))]
37. T: the moment.

### Analysis

This session started in a similar manner to the first example although the client had spent considerably longer detailing his problems. I **listened carefully** throughout this part of the session. The client seemed to get to the end of his problem talk because he stopped talking and there was a pause of five seconds. During this time it may have appeared to the client that I am thinking carefully over all of what has just been said. I begin the miracle question sequence by using a **presupposition** as a **presequencing remark** (1) and the **client**

**agrees** (2) to this. This is conveyed verbally and also non-verbally with a smile. I then use a phrase that serves as a **discourse marker**; “this is a good time” (3). This also served as a **bridge** although wasn’t necessary because the client had already **agreed** to the question asking (2). In line (3) I work **tentatively** as we move into the scene setting **co-construction**. This begins with “let’s say” as I introduce a hypothetical situation as an information statement that the client needs to be aware of to answer the question that is still to come. The client indicates his engagement (4 & 6).

I use **future focused talk** where, similar to the first example, I provide a descriptive statement of a hypothetical situation for the client that starts immediately after the finish of the session we are in and carries on up until the client is in bed and falling asleep that night. The client continues to indicate engagement (9 & 12). I use knowledge gained about the client (difficulty sleeping, line 11) during the opening segment of problem talk to increase the meaningfulness of the **future focused co-construction**. The introduction of the miracle is **pre-sequenced** when I say to the client that he will need imagination (14) “to think about this”. The client acknowledges this (15). The happening of the miracle is then introduced (16) while he is sleeping. This is also acknowledged by the client and I go on to state that what the miracle means is that the client is no longer depressed and now also has clarity (18, 19 & 21) and the client agrees with this (21 & 23).

I then **restate** that because the client is asleep (24 & 25) he does not know the miracle has happened. That the miracle has occurred in the middle of the night “when the house is quiet” is also **restated** and I **click my fingers** to emphasise that it (the miracle) happens instantly (27 & 28). The client continues to indicate that he is engaged (29, 31, 33 & 36) as we fast forward to the morning when I say that the client wakes up in the morning not knowing what has happened (30) but aware that things are different and he has the clarity and motivation currently missing (32, 35 & 37).



### De-construction: The miracle question

38. T: (2) Given that you didn't know↑ about the miracle how would you discover that
39. things have changed? What would be different? What would be the first thing that you
40. would notice?
41. C: I'd notice that I have a lot more motivation to do things which I've been meaning to do
42. like brush my teeth on a regular basis and (.5) shower more often and (.5) umm
43. T: ((*nodding head*)) Yep, ok.
44. C: I think (1) I would find that I'm not feeling quite so lonely in class um (1) I guess I
45. would probably be talking to people more often. I would go like (1) why am I talking to
46. these↑ people who I (1) yesterday I didn't even (1) want to talk to (1). So I >generally< sit
47. in the corner of the class.
48. T: So you would find yourself (1) maybe taking the first step perhaps (.) to talk? And
49. C: [yeah]
50. T: what would=
51. C: = Interacting with people.
52. T: And what would happen then?

### Analysis

I ask three **open ended questions** after **restating** that the client doesn't know about the miracle (38 & 39) to begin a **de-constructive** process. The client answers the third question by saying that he would notice that he would have a lot more motivation (41 & 42). I then use a **minimal encourager** (43) and the client continues to **de-construct** the problem filled frame by talking about how he would not feel lonely and interact in positive ways with other people (44 – 47) post miracle. I **reflect** and **amplify** on this by asking a **suppositional** question which contains a **constructive** element (48). The client agrees with the implicit

assumption of the question (49) and develops on this a little further (51). I ask an **open ended question** to begin **co-constructing** new meaning (52)

### **Co-reconstruction: A preferred future**

53. C: I guess umm I wouldn't feel as lonely in class and probably I would enjoy a lot more  
 54. classes. Umm (.5) it might even lead to being able to study (.) more↑ and do more work  
 55. instead of just sitting there doing nothing. To have someone who is also doing it (1) and,  
 56. also doing the work.
57. T: So a bit more like collaborative? [To be able then] to become more a part of rather than
58. C: [yeah, yeah]
59. T: feeling so isolated?
60. C: Yeah.
61. T: So the: (.) the: (.) feeling part of something bigger [than yourself] would (.) in itself (.)
62. C: [yeah, definitely]
63. T: be a little bit more motivating?
64. C: Yeah
65. T: And so what would umm (.5) what would the people in your class notice? How would  
 66. they know that things have changed?
67. C: Well (.5) I wouldn't be sitting there >you know< just quietly >talk like you know< just  
 68. keeping to myself. Umm my friends in in science cos we're at the back I guess I'd they'd  
 69. notice that I put my hand up more often I'm listening umm (1) and I'm <not as quiet>.  
 70. I've been a lot more gradually quiet in science. Umm (1) yeah I think people would notice  
 71. that I'm (1) yeah (.5) a lot more outspoken.
72. T: What would your Mum notice?
73. C: Probably be (.) the increase in motivation. Like I don't do a lot of work around the  
 74. house. But if [I had] more motivation if I was slightly more happy then I would be out

75. T: [oooh]

76. C: collaborating with the family more often (.5) asking Mum if she needed [anything] help

77. T: [ahum]

78. C: with like if (.5) she needed any help with anything. Umm, I think that would, you

79. know

80. T: And if that was going on (1) what would (.5) ahh, what would (1) what would that

81. mean (.5) like for you (.) what would your experience be? So yer yer more involved in the

82. household and helping and things (.) how =

83. C: = I guess I would feel a lot more accomplished. Like Miss (teachers name) talks about

84. making your bed each day and already you've got something to go off of. Makes you feel

85. you've accomplished.

86. T: Who says that?

87. C: Miss (teacher name)

88. T: Oh, yeah, yea.

89. C: Yeah (1) and if I was to be (1). If I was doing more around the house I guess I would

90. feel a lot more accomplished. You know I've (.) I've done something that's productive

91. and that helps more than just me.

92. T: That helps more than just me?

93. C: Yeah.

94. (3)

95. T: Yeah, that's a good word 'accomplished' isn't it?

96. C: Yeah like I I like every now and again (.) I bake umm brow[nies. Um]m ever since I

97. [oh yeah]

98. started doing hospitality this year. And (.5) <every time> I'm really excited when someone

99. says these are really good you should make more sometime. Cos yeah they're really

100. enjoying what I've made.

101.T: So you're getting some positive feedback =

102.C: = Yeah =

103.T: = of something =

104.C: = Yeah =

105.T: = you've made an effort in

106.C: And so if I was to (.) you know (.) start folding the washing (.) or something o:r empty

107.the dishwasher without being [asked to, or] do my jobs then I guess they'd you know

108.T: [asked yeah]

109.C: They'd (.) they'd realise and I'd start probably being able to go out more often ((*had*

110. *previously mentioned that he is not allowed out much*)) and not only have a lot more

111. positivity in (.5) around the home but I'd also be able to spend time with my friends a lot

112. more freely.

113.T: I was just going to ask you. What would the impact be then (.5) on your [friends group].

114. C: [yeah yeah]

115. T: what would be going on? What would be different?

116.C: Well umm, for starters I'd be >you know< less angry. Like I'm always angry I argue

117. at just the small:est things. I'd um (.5) me and my Dad both have that and he's also (1)

118. >you know< <fairly depressed>. Umm (1) and (1) I guess >you know< I'd argue less I'd

119. nitpick umm a lot less. <If they did> something slightly wrong I'd go you know I'd

120. notice it and I'd maybe comment on it but I wouldn't like do a really offensive comment

121. like I would currently. And I'd probably be able to spend more time with them (1) which

122. would avoid them being jealous when I do spend time with one not the other because I

123. don't have that much time.

124.T: Hmm

125.C: Yeah

126.T: Are there (1). Ok (.) can you think of any (1) <occasions recently where maybe even>

127. sort of accidentally like a little bit of the miracle has just played out?

128.C: Well, yeah...

### Analysis

In line 53 the client answers the open ended question I asked at the end of the previous section (52). That question and the client's response is the start of a phase of **co-construction** leading on from the deconstructiveness of the asking and answering of the miracle question. The client then **engages in preferred future talk** (54 - 56) by expanding on his initial answer to my question. I **amplify** and **reflect** this in lines 57 – 64 with the **client agreeing** at each step. The **co-construction** of the **preferred future** continues with me asking what the other people in the client's class would notice that would tell them things have changed (65 - 66). The client responds to this and then I ask what the client's Mother would notice? (72) Both of the client responses are lengthy answers where he continues to **construct a preferred future** that involve being happier, motivated and collaborative (67 – 71 & 73 – 79). I play a role in the **co-construction** by asking an **open ended question** about the clients experience and the meanings he would make now that he is “more involved in the household and helping and things” (81 & 82). Here I **amplify** the existence of the **preferred future** (being discussed) and ask an **open ended question** about the clients feelings and experience of it. The client talks about feeling “a lot more accomplished” (83) and, at this point, he begins to organically connect the **preferred future talk** with things that are already being talked about and / or are going on for him. He mentions his teacher who recommends making your bed each day to provide a sense of accomplishment (84 & 85). I **prompt** the client to keep talking with several **minimal encouragers** (86 & 88) and he continues to build on the idea of ‘accomplishment’ by talking about how he would feel if he was doing more

around the house. “I’ve done something that’s productive and that helps more than just me” (90 & 91). This is spoken in the past tense, as if it has already been done. I **reflect** back the exact words the client used: “that helps more than just me” (92). This is affirmed by the client (93). I then leave a three second pause before **amplifying** the word “accomplishment” (95). This prompts the client to share the experiences he already has when he bakes brownies. People really enjoy them, he receives positive feedback and derives a sense of accomplishment (96 – 100). I **reflect** this back to the client as being a positive outcome from something the client has made an effort in (101 – 105). He picks up on this and talks about how things would most likely be if he made an effort in other areas to do with helping out at home. The perceived outcome / benefit is that he would most likely be able to go out more and spend more time with friends whereas at the moment he is not allowed out much (106 – 112). This prompts me to ask three questions about the impact on the client’s friend group. (113 – 115). The client responds by regressing back into **deconstructive** talk to the extent that he talks about what would not be happening, eg, be less angry, argue and nitpick less, but then he goes on to say that he would be able to spend more time with his friends (116 – 123). This response was possibly **co-constructed** by the nature of the questions I had just asked. Two of them were more deconstructive; “What would the impact be then on your friends group?” “What would be different?” Only the middle question; “What would be going on?” is **constructive** and more **future focused**. The other two are to do with change to an existing situation.

I then use a **discourse marker** (“ok”) to move the conversation toward talking about exceptions (126). The **exception question** (126 – 127) is not posed as a presupposition but the client still begins to describe an occasion when things are clear for him and he is happier (128).

### Client 3: “If it was happening now”

#### Co-construction: Setting the scene

1. T: Oka:y↑ ((*sits back and takes off glasses*)). (1) Let me ask you my question.
2. C: Sure ((*smiles and sits up*))
3. T: Let’s say (1) you need to use your imagination ((*circular gesture with right hand to signify imagination*))
4. C: Okay ((*laughing*)).
5. T: Before I ask my question [I’ll set the scene] ((*opens up both hands wide apart*)) so:↑
6. C: [(*smiles broadly and nods*)]
7. T: we finish our meeting a::nd you know the bell goes and you go home and (1) you go
8. to bed (1) well >you go home< a::nd you enjoy the [rest of the day Friday afternoon]
9. C: [(*smiling and nodding quietly*)]
10. T: and the evening. Whatever it is you get up to (.5) with family or friends (2). Maybe
11. have dinner (.) watch tv or something (1) because its [Friday night] and um you’re doing
12. C: [(*nodding*)]
13. T: your thing with friends and eventually (1) you get tired and go to bed and if you’re not
14. a very good sleeper then maybe you’ll lay awake for a bit >but you’ll eventually go to
15. sleep< ((*directs hand towards client*)) ok?
16. C: Yup ((*nods and smiles at the same time*))
17. T: While you’re sleeping (1) and the house [is quiet]
18. C: [(*nods*)]
19. (1)
20. T: there’s a miracle
21. C: ((*Laughs and looks dubious*))
22. T: [A miracle happens. I know that’s an old fashioned word but nonetheless]

23. C: *[((still laughing))]*
24. T: The miracle is that (1.5) your anxiety (1) goes *((left hand moves to the left and opens*
25. *as if releasing something))*
26. C: *((nods head))*
27. T: and (1) there's something else in its place >whatever the opposite of anxiety is<.
28. C: Okay *((smiles))*.
29. T: But you don't know this because you're asleep. (2) You wake up in the morning (1.5)
30. so your anxiety *((clicks fingers on left hand))* >just like that< [disappears]. You wake up
31. C: *[((short laugh))]*
32. in the morning (2) and (1) you're unaware of the miracle that's happened but things
33. <have changed> nonetheless
34. C: *((nods head))*.

### Analysis

The talk immediately before the start of the miracle question sequence had been about the likelihood of a relationship between anxiety and perfectionist tendencies, in general terms. The client had been providing some examples of her tendency to be a perfectionist with respect to her school work. I summarised the conversation and then introduced a change in the direction of the talk by saying “okay” (1). This served as a **discourse marker**. Then I followed up with a **presupposition**. Although agreement was implied the client still agreed by saying “sure” (2). Rather than asking the miracle question/s at this point I then say; “let's say” (3), this signals that there is some information; a hypothetical situation, that the client needs to be aware of before she can answer the upcoming question. There is a pause and I add that imagination is required while gesturing with my right hand to reinforce and amplify this. The client acknowledges and agrees with this while laughing, as if wondering what is coming next (4). I **bridge** into **constructive** talk (5) to **co-construct** a hypothetical future



situation that starts at the end of the session being conducted and concludes that night when the client goes to sleep (7 – 16). The client is engaged with the **co-construction** and this is evident with the **generic responses** she provides via her body language and verbal affirmations (9, 12, 16 & 18). I had not previously met the client but learned in the conversation prior that she is not a good sleeper. I utilise this knowledge by noting that it may take her a while to fall asleep (14). This **enhances the constructiveness** of the talk and makes it more meaningful. The **co-construction** talk becomes more detailed (17) and then I announce that there is a miracle (20). The client responds with a look and a laugh that signals disbelief (21). I **restate** that a miracle happens and I attempt to **collaborate** with the client by admitting that the word ‘miracle’ is old fashioned but it’s happened all the same. The client **re-engages** (26, 28 & 34) although she is not entirely convinced (31). I continue with the miracle statement (24, 25 & 27) by describing what the miracle is and **clicking my fingers** while saying “just like that” to signify that the miracle happens instantly and the clients anxiety has disappeared (29 & 30). We then ‘fast forward’ to the morning and I finish the **co-constructive future Focused talk** by stating to the client that she wakes up and, while unaware of the miracle, things have changed nonetheless (32 & 33).

### **De-construction: The miracle question**

35. T: I’m wondering (1) how would you <find that out?> What would tell you that (1)
36. things are different?
37. (11)
38. C: Um (2) if it was happening now? =
39. T: ((*nods head*))
40. C: = It would probably be something along the lines of I would go (2) I wouldn’t stress
41. as much about the mock exams. >If it were to< happen now↑.
42. T: >Yep = yep = yep< so it happens now.

43. C: Yep it would probably be that.

44. T: So you wouldn't stress as much about the mock exams?

45. C: *((nods head))*

46. T: So what would happen instead? (7) I know it's [a long (.) it's] you know a long thing

47. C: *(((laughing)))*

48. T: *((spreads both hands across body in front to denote length))* to think about You'd

49. normally be stressing (2) about the mock exams (2) but now you're not. (2) What are you

50. doing? (.5) How do you feel?

### Analysis

I ask how, after waking up in the morning after the miracle, the client would find out that things are different. I then go on to ask what would tell her that things are different. These are **open ended and de-constructive questions** asked one after the other (35 & 36). They are **de-constructive** in that they **presuppose** that things are different. The client thinks for a long time and then seeks clarification (38). She then goes onto say that she would not be stressed about the mock exams (that the students were sitting at the time) if it (the miracle) "was happening now" (40 & 41). This is a reference to the de-construction of the current reality of being anxious about exams. The client and I continue to **de-construct** and I confirm that the miracle has happened now (42). The client **restates** that what would be different is that she would not be as stressed about the mock exams (43). I reflect this back to the client who reaffirms this to be the case (44 & 45).

In an attempt to continue with the **de-construction** of how things have been regarding stressing over exams I ask an **open ended question** (46). There is a long pause and I try to encourage the client, who laughs in response (46 – 48), then I **reflect** back to the client and ask two more **open questions** (49, 50). There is a shift here into more **re-constructive talk** and that may have been why the client got a little stuck at this point.

### Co-reconstruction: A preferred future

51. (8)

52. C: I would feel (.) probably (3) good and I suppose more confident going into them (.)

53. that like

54. T: Good and confident yep.

55. C: (2) That (2) it's (2) okay (1) >if I didn't do as well as I wanted to< (1) and I wouldn't

56. be like (2) I wouldn't be worrying, I suppose about (.) how my results compared to the

57. other people (.) maybe?

58. T: Oh

59. C: Yeah ((smiles))

60. T: Righto

61. C: Yep ((smiles))

62. T: So you (.) wouldn't be worried about (1) how you did in comparison to everybody

63. else?

64. C: Yes:: (.) yep.

65. T: <And (.) how would your class mates> (.5) how would they know that you (.5) what

66. would what would be different about you that would tell them that (.) hey (client's name)

67. is not worried anymore about how she stacks up compared to us? (3) What's different

68. about ya?

69. (15)

70. C: Um ((smiles and looks at T for assistance)).

71. T: ((smiles back)) (2) So if you can (3) <picture yourself> (1) how you would normally

72. be in your interactions with your class mates and you've done the exams and you have

73. whatever the banter is (2) with some anxiety around it because you're the perfectionist

74. C: Yep

75. T: and you know you don't do exams well and all the things that(.) you know (.) you are  
 76. talking about. Now (1) <You're still a perfectionist> but you're not anxious about that  
 77. anymore (1) You said that one of the things that would be different is that you wouldn't  
 78. be worried about comparing yourself to your classmates (.) so::
79. C: Um (1) I think (3) I guess I wouldn't sit there afterwards and sit there and look at the  
 80. paper and (1) instead of (2) just looking at what's bad on the paper
81. T: Ooh
82. C: I would see (1) the better things on the paper.
83. T: Aw::esome ((*smiles*))
84. C: Yep.
85. T: °Okay° ((*nodding*))
86. C: And I guess I do that as well by looking at my friends papers [and like] comparing  
 87. T: [yes]
88. C: what I wrote to what they wrote
89. T: Yeah
90. C: and I always manage to look at what they wrote positively and look at what I wrote  
 91. negatively so I guess I would look at all of them positively.
92. T: O::h (1) so you would be:: (1) using the same lens
93. C: Yeah ((*laughs*))
94. T: Yeah rather than looking at it through a negative lens at your paper
95. C: Yep
96. T: and you go oh my god and then a positive lens oh [*shite* . Right] you  
 97. C: [Yeah ((*laughs*))]
98. T: wouldn't be doing [that]
99. C: [yeah]

100.T: You'd be looking using the same lens and go oh yeah that's all good.

101.C: Yeah that would (.) that would probably be it (1) And my friends would be like (1)

102. 'you're so like' (.) 'you're not' (3) well normally they would be like 'you did really well'

103.(1) and I guess instead because I would be looking at what I did well they wouldn't be

104.(.) needing to say that <so much↑>

105.T: Yep = yep = yep

106.C: But they would probably still say it (.) but like (1) I wouldn't take it as seriously.

107.T: They wouldn't be saying it in a 'having to talk you up' way

108.C: Yeah (.) they would just be saying it in like a (.) 'oh yeah you did well too', like (.)

109. 'good job' (.) instead of being like (1) 'oh but you did this and I didn't do this'.

110.T: And how would that leave you? How would you feel about that? So rather than you

111. (.) you know (.) freaking out because you only did merit ?

112. C: ((*laughs*))

113. T: You know and so your friends are going 'what?' (.) Like instead of that they're going

114. (.) it's more sort of a:: (.5) I don't know (.5) more of an agreement type of statement.

115. Wo[uld that] be different for you?

116. C: [I think]

117. (2)

118. C: It would definitely (3) make me see that what I did was an achievement

119. T: ((*slowly nods head in time with client speaking*))

120. C: Like (2) like (.) getting (.) um the (.) the grade (.) even if it's still not what I wanted

121. it's still something to be proud of.

122.T: >It is what it is yeah<

123.C: Yeah ((*nods head*)) yeah (.) I think that ((*laughs*)).

124.T: So you would be feeling (1) proud of what you've achieved?

125.C: Yep ((*nods head*)).

126.T: Right (.) and so you should

127.C: ((*laughs*))

128. T: Awesome (1) so: (2) how would mum and (.5) mum and dad? ((*checking to see if*

129. *there is a Mum AND a Dad*))

130.C: They're happy no matter what I do. [So] they're like (1) as long as I'm

131.T: [aww ((*smiles*))]

132. C: not getting 'not achieved' they're ((*shrugs shoulders*)) they're fine, they're proud of

133. whatever I do.

134.T: Of course they are.

135.C: Yeah ((*smiles*)).

136.T: What would tell them though, that you're looking at things differently?

137. (3)

138.C: Um (5) I guess::s (1) <when I got home> (2) I wouldn't be like; oh like I got merit

139. ((*disdainful voice*)), I'd be like ((*smiles*))oh I got merit, like cool ((*happy voice*)) and

140. they'd do what they always do, like 'oh well done we're so proud of you' and stuff (.) so

141. I guess I would ((*smiles*)) walk in more positive than negat[ive (.5)] type of thing

142. T: [hmm]

143.T: And how do you think (1) how do you thin:k (1) <you would be> (.) different (.)

144. given that you're positive about all of this? (1) What do you think that would (1) mean?

145.C: Well (5) I think the biggest thing (.) is that it would (1) help me to be like more

146. confident in my ability

147. T: Uhum ((*nods head*)).

148. C: Because I get that comment a lot.

149.T: What's that?

150.C: Um you should be confident in your abilities and like

151. T: °Yes°

152. C: things like that. Like you should share your ideas (.) so I guess I would be more

153. confident in doing that.

154.T: And (.) if you were (1.5) how would that (.5) what would be the out flow (.) of that?

155. (2)

156. C: Well I guess (.) because I would be sharing my ideas and be more confident (1)

157. umm↑ well (1) I suppose it might actually help (.) get the excellence\* maybe.

158.T: Uhum (.) How so?

159.C: Because (.) like there would be more of like a flow on effect > [if that's] right?< I'd

160. T: [hmmm]↓

161. C: be like (.5) asking questions and sharing things and I'd be getting back feedback

162. T: Uhum

163. C: that's going (.) [to help me mo]re [help me] more like get up

164. T: [yep definitely] [help you]

165. C: there ((towards excellence)).

*\*This refers to a grade of 'excellence' (the highest grade). The client consistently achieves at 'merit' level (the grade below excellence and in itself very good) and she is highly motivated to strive for grades of excellence.*

### Analysis

After an eight second pause the client begins to answer my question from the end of the previous section. She does this by engaging in **co-constructive talk** (52 & 53) and I **reflect** this back to her (54). The client goes on to **normalise** the idea of not doing as well (in the mock exams) as she wanted to and, if that were the case then she would be not be worried about her results compared to other people (55, 56 & 57). I use several **minimal encouragers**

(58 & 60) but the client does not offer anything further so I **reflect** back how she said that she would not be worried about her results compared to other people (62 & 63). This is really just a **closed question** and the client answers accordingly (64). Using a **discourse marker** (“And”) I shift the conversation towards asking how the clients class mates would know that, post miracle, she was not so worried about her performance (65 – 68). There is a long pause while the client contemplates this and she looks to me for some assistance (69 – 70). I **maintain rapport** by smiling back and then I begin what is more of a **de-constructive** sequence by asking the client to picture herself and how she would normally be in her interactions with her class mates after exams with the associated anxiety around comparing herself to her class mates (before the miracle occurred) compared to now, (post miracle) without the anxiety and not comparing herself to her classmates (71 – 78). To **encourage** the client to pick up on this line of talk I finish by drawing out the word “so” as a **minimal encourager**. The client takes up the ‘invitation’ to **re-construct** a more preferred way of being (a preferred future) by talking about how she would see the better things in the paper and not just the bad things (79 – 80). The **co-reconstructive talk** evolves and I continue to **encourage** the client to talk with ongoing **minimal encouragers** until line 92 when I spend a few turns (92 – 100) **summarising and reflecting** back what the client had been saying to build on the clients **re-construction** of her reviewing her exam paper as positively as she reviews her friends exam papers. The client is agreeing with what I am saying until line 101 when she begins to **re-construct** how her friends would be towards her now that she is feeling positive about her exam paper and how she performed. This actually looks to be the ‘answer’ to the question I originally asked at line 67. The **co-reconstructive** conversation that occurred in-between possibly teased this out. The client and I continue the **co-reconstructive** talk with **minimal encouragers** (105) from me. It is from here that how the client’s friends would now be acting is **co-reconstructed**. The client and I agree that the



client's friends would just act normally toward her rather than feeling like they need to be 'strangely' supportive, even though the client generally achieves at a higher level comparatively. The outcome is that the client would view what she had achieved in a positive light and that it is something to be proud of (106 – 123). I **reinforce** that the client can rightfully feel proud of what she has achieved (124 – 126) and the client downplays this by laughing (127) even though she initially agreed with me (125).

Lines 128 – 142 are where we **co-reconstruct** how things would be between the client and her parents now that she is more positive and proud of what she achieves academically.

Then I ask the client several **open questions** as an enquiry into what it would mean for the client to be thinking more positively about herself (143 & 144). The client responds and with **minimal encouragers** from me we **co-construct** a reality where the client, confident in her ability, is more inclined to share her ideas (145 – 153). I build on this with another **open question** (154) prefixed with the **supposition** that the client is confident. What follows is another **co-constructive** segment where the client identifies that if she was more open and confident about sharing ideas and asking questions then the flow on effect would be that she would be provided with useful feedback that would better equip her to achieve at an even higher level.

**Client 4: “Is this the magic question?”**

**Co-construction: Setting the scene**

1. T: .....So you’ve got these multiple stressors.
2. C: Yeah.
3. T: Anything else↑?
4. C: (hhhh) >Not that I can think of right now< ((*opens eyes wide*))
5. T: <Let me> (.) ask you my question.
6. C: Yes (.) is this the magic question↑?
7. T: This is [the miracle question yep].
8. C: [the miracle question] yeah ((*smiles*)).
9. T: Let’s see how this works for you (.) now I’ll set the scene and you’ve got to use your
10. imagination a little bit.
11. C: Uhum ((*nodding in agreement*)).
12. (2)
13. T: Let’s say (.5) that (1) uh (1) we >finish our meeting< and its lunchtime and you (.) go
14. to lunch and you have last period and you (.) >whereabouts do you live↑?<
15. C: *Names town*
16. T: *Name of town* you go home (1) a:nd uh its after school it’s a Wednesday so you do
17. your do your usual whatever it is that you do on a Wednesday after school.
18. C: Ahuh ((*nods*))
19. T: Catch up with family do your homework or what[ever] (2) have dinner (2) watch tv
20. C: ((*nodding*)) [yep]
21. the evening goes on (.) at some point (2) you go to bed (2) you [go to sleep (2)] and
22. C: [((*slowly nods*))]
23. T: during the night (2) <when the house> is quiet and everyone’s asleep (1) there’s a

24. miracle (1) okay (1) and the miracle↑ is that all of (1) your (.) let's call them problems
25. C: Mhmm.
26. T: that you've shared with me today (2) are gone↓ (2) that's the miracle (2) they're not
27. problems anymore (.) they're something else
28. (1)
29. C: Uhum
30. T: only you don't know this has happened because you've been asleep (3). You wake up
31. in the morning (2) on the first day after the miracle
32. C: Uhum
33. (3)
34. T: things (1) are different <because things have changed> but you don't exactly know
35. what's happened because you were asleep when the miracle happened.
36. C: Mhmm.

### Analysis

I begin (1) by using the word “so” as a **discourse marker** to signal a change in the conversation. The client agrees (2) and then we **collaborate** to agree that there are currently no other problems to discuss (3 & 4). I ask a **presuppositional question** beginning with the word ‘let’, which is also permission seeking, (5) to introduce the miracle question sequence. The first two words are spoken more slowly and then there is a pause. This is the beginning of a **bridging sequence**. The client agrees and then uses the term ‘magic question’ in a question she asks me. I clarify the name of the miracle question, the client agrees to this, and then I continue to **bridge** to the start of the **constructive talk** sequence (9 & 10) with the client agreeing to the idea of using her imagination (11). Working jointly to this point we have **co-constructed** a sense of anticipation.

I pause for several seconds (12) and then lead with “let’s say...” to introduce the hypothetical future situation (13). The talk, led by me, is **co-constructive**, delivered tentatively and interspersed with pauses. It is tailored to the day of the week and to the time of day with lunch coming next and then last period of school (13 & 14). The client becomes more involved in the **co-construction** when I ask her where she lives (15). This talk invites the client to think about what may happen for the rest of the day until she is in bed that night asleep and the house is quiet (16 – 23). The talk continues and the miracle happens when the house is quiet and everyone is asleep. This causes all the issues and problems the client has raised to go (24 & 26). My saying: “all of your, let’s call them problems, that you’ve shared with me” is almost **de-constructive**. It is suggesting that; ‘We are not entirely sure what these issues of yours are but for the moment we will agree to call them problems, although we could call them many things’. When the client wakes up things have changed and I **restate** that because the client was asleep when the miracle happened she doesn’t know what has happened (30 & 31). Throughout this talk the client has been **engaged and in agreement** with the story. This is evidenced by her **generic responses** at regular points (18, 20, 22, 25, 29, 32 & 36). Then I again **restate** that things have changed but the client does not know why or how because she was asleep when the miracle occurred (34 & 35). This is acknowledged by the client (36).

This is a lengthy passage. Although I am leading, the client is involved **co-constructively**. During the first half (approximately) of this segment of **co-constructive talk** I use the word ‘let’ or ‘let’s’ four times. These words are to do with permission seeking and they are also suggestive. ‘Let’s’ is a contraction of ‘let us’ and so is **collaborative** in nature. It asks for agreement and in the process the talk becomes **co-constructive**. The last part of this segment begins to lean in to **de-consecutiveness**.

### De-construction: The miracle question

37. T: S::o how would you find out (1) that (1) these troubles of yours don't exist anymore
38. (.) what would be different?
39. C: Um (.) °obviously I would probably be able to° go into an exam and > not have a
40. panic attack< um =
41. T: = What would you be doing instead?

### Analysis

I ask two **open questions**, one after the other, to **de-construct** existing frames of meaning with the client to pave the way for the **re-construction** of a problem free **preferred future** from the time the client wakes in the morning after the miracle (37 & 38). I was non-specific in that I did not specifically name any particular problem. This meant that the client needed to choose. The client's response, whilst problem focused, is **de-constructive** in that she talks about being able to go into an exam and not have a panic attack (38 & 39). To start to move toward **re-construction** I ask an **open question** with a focus that begins to shift to what will be happening in the absence of the problem (41).

### Co-reconstruction: A preferred future

42. C: I would be focused I would be (1) um (.) be able to concentrate, I'd (2) be able to
43. focus my mind on the task at hand. I would not freak out like I usually do.
44. T: [So what would tell you]
45. C: [I would be calm]
46. T: that you would be doing that? How would you recognise (.) this (.) calmness? What
47. would that be?
48. C: Uh, I would recognise it by not like (.) having a meltdown before an exam::: I
49. wouldn't be like hyperventilating or overheating I'd just (.) I'd probably just feel cool
50. and collected=

51. T: =Cool and collected.
52. C: Umm.
53. T: So you come into the exam
54. (2)
55. C: Open the paper and (.) write.
56. T: Just get on with it.
57. C: Just get on with it. I'd be able to start writing (3) ((*laughs*))
58. T: Um (1) so (2) this calmness you speak of
59. C: Yeah
60. (1)
61. T: Can you describe that to me (2) a bit more?
62. C: Umm
63. T: So just talk me through it you know, you, the exam (.) the exams you have they're in
64. separate classrooms or in the hall or =
65. C: = Um yeah they're in the hall generally um (1) so (.) like (.5) um (1) I'd be able to
66. walk into the exam↑ (.5) I'd be able to sit down at the desk (.5) I wouldn't be thinking
67. about like (.) I would be thinking like yes I'm prepared for this (.) I will be able to do this
68. (.) I will be able to answer all the questions.
69. T: So you'll feel more confident?
70. C: Yep (.) um (.) I like (.) I won't like (.) be thinking (2) sort of like how like what
71. things I don't know like what things I won't be able to answer um (1). I'd rather be
72. positive than negative (1) um which would then lead to like me not having anxiety and
73. me not thinking that I'm not going to pass um (1) which (.5) would probably just lead to
74. me being a calmer person in general because I know I can pass because I am (1) I will, I
75. would be prepared for it I would be ready for the exam.

76. T: Because you always do pass...?

77. C: Yeah (3) so (.) yeah.

## Analysis

(42) I had just asked the client an **open question** (what would you be doing instead?) to instigate a **co-constructive** conversation about a future free from panic attacks, particularly before exams. The client responds by describing a **preferred future** where she is able to concentrate, focus her mind and be calm (42 – 45). Then I ask two open questions, one after the other. Both as **presuppositions** of the idea that the client is calm (44, 46 & 47). The client responds by talking about problem behaviour that she would not be engaged in (48 & 49). Then she uses **solution talk** and says that she would probably “just feel cool and collected” (49 & 50). I reflect this back to the client (51) and then continue the **co-constructive** conversation by talking about a preferred future where the client can come into an exam (cool and collected).... There is a two second pause, the client picks up the lead by saying (and then just) “open the paper and write”. I **reflect and amplify** this by saying “just get on with it”. The client repeats this back to me and then builds on it by saying “I’d be able to start writing” (53 – 57).

Using **co-constructive** talk to further build on solutions and a **preferred future** I ask the client to describe what her experience of calmness would be. I construct the notion of calmness as something the client already experiences (“Um, so, this calmness you speak of. Can you describe that to me, a bit more?”) and I **engage co-constructively** with the client by asking her to describe to me (“So just talk me through it you know, you, the exam....”) how the exam would be for her when she is calm (58 – 64). The client constructs and describes her experience of going into the exam room calmly (65 – 68). I ask a **closed question presupposing** that the client is feeling more confident (69). The client confirms this and then goes on to further describe her future experience of sitting and passing exams calmly (70 –

75). That the client always passes her exams is then affirmed by me and I check this assumption with the client who agrees (76 – 77).

**....Co-reconstruction continued....**

78. (4)

79. T: This sort of = so we're talking about feelings of calmness and confidence. (1) >What

80. do they< fee::l like (2)? Can you think of any times when you felt calm and confident

81. (1) when you might otherwise feel worse? (2) >Doesn't have to be to do with

82. schoolwork<.

83. C: Um

84. (3)

85. T: Or a little bit calmer?

86. C: Well (3) um (2) >I don't really know<. Um I guess this makes me (.5) think that I'm a

87. very nervous person ((*laughs*)) um

88. T: [na na] (3) What does (.) so how would you know that you were

89. calm then? What is it (.5) what would it be like for you?

90. C: Um (3) um >°I don't know°<.

91. (3)

92. T: Because you just described it really well. About going into the exam and you know

93. your stuff.

94. C: Yeah =

95. T: = And you've passed exams before (.) it's not new.

96. C: Um I'm not sure because like

97. (2)

98. T: You even seem calmer just telling me those things you know even just having you

99. sitting here.



100.C: ((laughs)) I don't know how to be calmer though (.5) like I don't know how to

101. describe that I would be calmer. (2) But (2) I guess I just would (2) because I wouldn't

102. have the (.5) like (1) overbearing anxiety of (.) not being able to pass.

103.T: You wouldn't have that?

104.C: Uh I wouldn't say so because that's what I have now.

105.T: Right (2). So what does <not having that> (.) >you don't have that<. What's = what's

106. [there instead]?

107.C: [It's more] relief =

108.T: = Yeah right.

109.C: Um (3) relief is sort of like a massive thing sort of coming off your shoulders. Like

110. you're able to breathe again.

111.T: Yeah ((*laughing*)).

112.C: I have that quite often ((*Laughing*)) when I was competing this season because I

113. usually place quite well in like the first phase of the competition

114. T: Yeah

115. C: and then I'll have a second phase which I know is my weak [point] because, um (1)

116. T: [yeah]

117. C: with show jumping there's like the rails

118. T: Yeah

119. C: and if you take a rail then you get faults↑

120. T: Yeah

121. C: and I knew that (name of horse) can be quite railly\* beca[use he da]ngles his legs

122. T: [ah yeah]

123. C: sometimes.

124.T: Ah yeah yeah

125. C: But um (3 ) but usually after show jumping I get like a wave of relief =

126. T: = Relief

127. C: where like it's like oh its over I went clear I've got no faults like I'm still in like (.)

128. the running to get a good placing (1) um so (2) I would say that would be relief.

129.T: Mmm I would say you'd be right ((*nodding*)). That would be what would be there

130. instead of this anxiety.

131. C: Yep.

132. T: It would be relief which you know how to experience.

133.C: Yep (5) °yeah°.

134.(3)

135. T: And when↑ you're feeling this relief (1) <what's different about the way you think

136. about things>?

137.C: Um I would say I think about things more positive and that I have a more positive

138. outlook [on (1)] what's happening, like such as when I had the competition, [like if] I'm

139. T: [Hmm] [hmm]

140. C: going well in dressage I'll (.5) go into show jumping I'll be very nervous very

141. anxious I'll (1) like if I come out of it clear I'll be like oh ye::s like I'll go clear cross

142. country I'll get like I'll go double clear and I'll have a good placing (.5) overall and like

143. that will look good for like results (1) things like that and so I'll have more of a positive

144. outlook on how (.5) the competition will end up.

145.T: ((*nodding*)) °Okay° (2) so:: (4) <how might you> (2) be able to take a little bit of that

146. into the exam with you?

147.C: Yeah this is what I generally do um (.) I'll <think about the competition> that I've

148. won completely from start to finish on (horses name) this season.

149.T: This is what you do before a horse competition?

150.C: No, this is what I do before an exam =

151.T: = Oh, you do have strategies? =

152.C: = Yeah I think that about the time that I um won dressage

153. T: Yeah yeah

154. C: I um (1) so I got first in dressage and then I went clear show jumping and then clear

155. cross country with no time faults.

156.T: So you sort of replay that?

157.C: Yeah I replay that day (1) through my head (1) before my exam and that's sort of, sort

158. of just the like, brings me back and generally (1) helps [me ] calm down.

159. T: [wow]

160.T: So that works for you?

161.C: Yeah (.) that's what I did um before.

162.T: Have you done that much?

163.C: Um, I did it before a couple of my exams uh. I did it before English which is when I

164. really did have a meltdown over because English is not a very good subject for me (.) So

165. I have a meltdown over that (.) and that um (.) that really did help bring me back down

166. made me calm down focus and just sort of be able to be (.5) in the exam rather than

167. somewhere off (1) worrying =

168. T: = Spinning off the planet, yeah. Awesome. (1) And sorry did you say you've done

169. that one time?

170.C: Um yeah I only did that for English um but I (.7) I get quite upset after exams because

171. I know that (.) I feel like I should have been able to do better than what I did but <I

172. haven't> so.

173.T: How did you feel after the English exam <where you> =.

174.C: = Umm I felt (2) cos I didn't actually think I would pass English (1) I felt quite

175. confident that I had passed [after]

176.T: [After] the exam.

177.C: After the exam.

178.T: So you didn't get upset?

179.C: So no I didn't (.) oh (.) yeah I didn't get upset after English, no.

180.T: Wow (.) and this is the one where you had um

181.C: Yeah right

182. T: where you'd done your visualisation.

183.C: Yeah (.) whereas with (.) like (.) I did pass um (1) which was like very strange

184. because I haven't been like

185. T: ((*laughing*))

186. C: I haven't been achieving like (1) I have like been passing my like assessments and

187. stuff but like my teacher has been getting us to do like practice stuff for like the exams

188. and I haven't been passing that↑ so I was like oh god =

189.T: = how can I pass the exam? ((*finishes the clients sentence for her*))

190.C: Yeah so I just sort of like =

191.T: = You passed what you needed to pass =

192.C: = Yeah I did that and what was really weird was um so I find it incredibly hard to

193. write essays and I got merit on one of my essays. So I was like

194. (1)

195.T: Where you did the visualisation before?

196.C: Yeah.

***\*Re line 121. This refers to the horses jumping technique. It means he is inclined to hit rails when jumping because he dangles his legs.***

## Analysis

After a pause (78) I begin to explore for **exceptions** or instances where the client has previously experienced the calmness that she has just finished describing (78 – 85). I ask an **open question** followed by a **closed question** (79 – 82, 85). This, based on the client's response, may have been confusing for her. This is evidenced by the pauses and responses that signals some uncertainty (83, 84, 86, 87). The second question needed to be a presupposition and to be open. Because of the way the question was worded it became difficult to answer. I reword the questions (88, 89) so they are both open and work better together but it is still quite clumsy. The conversation loses some momentum and the co-constructiveness fades until line 98 when I reflect on the passage of talk immediately before I asked about exceptions at line 79. I tie what the client had said to how "you even seem calmer just telling me" (98, 99). The client picks up on this and together we **co-construct** what the absence of anxiety feels like for the client (100 – 111). She describes feeling relief, of a weight lifting off her shoulders and of being able to breathe again. The client then spontaneously recounts when she has felt that way during competitive horse riding events. I listen while providing **minimal encouragers** (112 – 128). Then I reflect what the client has said and the client agrees with this (129 – 134). There are several contemplative pauses (133, 134) before I ask an **open question** that **presupposes** that the client will think differently when experiencing feelings of relief instead of anxiety. The client answers by using another horse riding analogy (137 – 144) to describe how she would think about things more positively. I ask an **open question** in the hope of **co-constructing** a reality for the client of feeling positive when doing exams (145, 146). The client responds by saying that she already has a strategy where she replays in her the mind the time she did really well in a horse riding event (147 – 161). I listen actively and this is demonstrated with **minimal encouragers** and **questions** to clarify what the client is saying. In an attempt to **amplify** this **co-constructive**

segment I ask a closed question (which really should have been an open question) about how much the client uses the visualisation strategy she has just been describing (162). The client goes on to describe a situation with an English exam where she used her visualisation technique. This was the only time that she had used it in this way. She talks about how English is not a good subject for her but in this case she passed and got a merit for one of her essays. Throughout this passage I am engaging in a **co-constructive** way with **minimal encouragers** (168, 176, 185, 189), reflections (168, 180, 182, 191) and questions (168, 173, 178, 195).

## Appendix B

### Advertising Email

Kia ora tātou,

One of our counsellors, Mr Darryl Phipps, is working on a research project as part of his Masters of Counselling degree. The aim of the project is to explore the counselling experience of secondary school students when a particular counselling technique is utilised.

Mr Phipps is seeking volunteers to attend an individual and confidential counselling session in his office in the Guidance Block. In the session the participant will be invited to talk about anything that he / she feels would be useful to discuss. Participants do not need to have an existing worry or concern.

The research involves video recording the session. At a later date the section of the recording that contains the counselling technique that is being studied will be transcribed for analysis.

Participation is absolutely confidential. Neither the student nor the school will be identified in the final research.

Please email Mr Phipps (email address ) if you would like to volunteer and / or find out more. He will then arrange to meet with you to provide you with further information.

Nga mihi

Mr (name)  
HoD Counselling  
HOF Student Support

## Appendix C

### Information Sheet for Students

My name is Darryl Phipps. This year I am working as a counsellor with the Counselling Department at (name of school) High School. I am in my final year of a Masters of Counselling degree at the University of Canterbury. Typically a requirement of a Masters Degree is a thesis or research study. I have chosen to conduct a research study through the (name of school) High School Counselling Department.

I am interested in looking at my use of certain techniques during my counselling sessions with students. I work using a model of counselling called Solution-Focused Brief Therapy. In this model my focus is on looking for ways to help students get more of what is wanted by them. The model has many different techniques however I am particularly interested in the set of techniques known collectively as the Miracle Question. The Miracle Question is used to help a client shift their focus from feeling stuck in a problem to imagining a time in the future when problems brought to the session have gone. I am wondering about the efficacy of a particular version of the Miracle Question and whether that may be helpful for New Zealand secondary school students who come to counselling.

If you would like to be part of the study here are some important details:

- Counselling sessions will be up to 60 minutes in length. They will be conducted in the (name of school) High School counselling department.
- In the session you will be able to talk about your goals, strengths and resources. By using the Miracle Question I will ask you to think about how your life would be if the concerns that brought you here were reduced or even gone.
- The sessions will be video recorded on my lap top computer. This is so portions of what is said and observable behaviour can be transcribed. They will only be watched by myself and possibly listened to by an external transcriber. Portions may be discussed with my school supervisor and university supervisors. The purpose of the recording is to create transcripts for use in research.
- You will be asked to complete a very short questionnaire at the end of the session.
- All participation in research is voluntary, if you do participate you may withdraw at any time and this will not jeopardise your access to counselling.

As a counsellor it is my ethical responsibility to ensure confidentiality of all the information collected in this study. In any published documents and presentations a pseudonym will be used and all identifying information will be removed. For your reference; (name of supervisor) and (name of supervisor) are my (name of school) High School supervisors and I liaise with them weekly for internal supervision. I will be taking all steps to ensure that the process is confidential. For example, there will be an opportunity for you to talk to me about any comments or concerns you have about storing of information. University of Canterbury regulations indicate that data must be kept for 5 years. All documents used in research will be password protected on my computer.

As part of regular counselling practice you will have the ability to see session notes by request. By participating you get a brief document of the findings and / or a full thesis of the results on request. Research is of great importance to the development of counselling and your interest in this project will add to a growing field of innovative counselling research. Further, there is potential for the study to be published in international journals and presentations.

At the end of this letter are the details of key people who you can contact if you have any complaints, concerns or issues. All counselling department staff at (name of school) High School will have an outline of the study and will be happy to talk to you about it if I am not available. Any complaints should be addressed to the Chair of the University of Canterbury's Educational Research Human Ethics Committee, who have approved this study.

If you agree to participate in this study please sign the attached consent form and return it to me in the envelope provided.

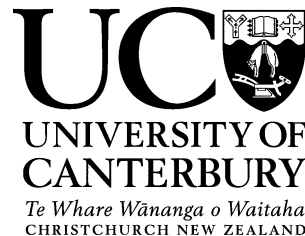
Warmly,



School logo  
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School of Health Sciences  
**Researcher / Counsellor**

Darryl Phipps  
Email:  
Phone:



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Darryl Phipps

### **Consent form for students**

(Please tick each box)

- ☐ I have read the information sheet and understand what will be required of me if I participate in this project.
- ☐ I understand that sessions will be video recorded and portions of the audio may be transcribed by an external transcriber.
- ☐ I understand that all information collected will only be assessed by the researcher and that it will be kept confidential and secure.
- ☐ I understand that neither I, nor my school, will be identified in any presentations or publications that draw on this research.
- ☐ I understand that my participation is voluntary. I may choose to withdraw at any time and this will not jeopardise my access to counselling services.
- ☐ I understand that I can receive a report on the findings of the study. You can write your email address below for the report to be sent to.
- ☐ I understand that I can ask for more information, make comments or ask questions about this project from the researcher or I can talk to (name of supervisor) or (name of supervisor) in the Guidance Department. I can contact the Chair of the University of Canterbury Educational Research Human Ethics Committee if I have any complaints about the research.
- ☐ I agree to participate in this research and my parents / guardians have also given consent on their consent forms.

Full name (student)\_\_\_\_\_Form\_\_\_\_\_

Signature\_\_\_\_\_Date\_\_\_\_\_

Email address for report\_\_\_\_\_

Please return to the guidance office in a sealed envelope under my door in the guidance department.

## Appendix D

### Information sheet for parents / caregivers

My name is Darryl Phipps. This year I am working as a counsellor with the Counselling Department at (name of school) High School. I am in my final year of a Masters of Counselling degree at the University of Canterbury. Typically a requirement of a Masters Degree is a thesis or research study. I have chosen to conduct a research study through the (name of school) High School Counselling Department.

I am interested in looking at my use of certain techniques during my sessions with students. I work using a model of counselling called Solution-Focused Brief Therapy. In this model my focus is on looking for ways to help students get more of what is wanted by them. The model has many different techniques however I am particularly interested in the set of techniques known collectively as the Miracle Question. The Miracle Question is used to help a client shift their focus from feeling stuck in a problem to imagining a time in the future when problems brought to the session have gone. I am wondering about the efficacy of a particular version of the Miracle Question and whether that may be helpful for New Zealand secondary school students who come to counselling.

There are strict requirements that need to be met when engaging in research. These are managed by the Educational Research Human Ethics Committee at the University of Canterbury and focus on (among other things) consent and confidentiality. This means that Parent / Caregiver consent is required for participants aged under 18. I am asking permission from you for your child to be involved in this study as they under 18. If you and your child agree to be part of this study they will be asked to do the following:

- Attend a counselling session of up to 60 minutes in length. This will be conducted in the (name of school) High School counselling department.
- The sessions will be video recorded on my lap top computer. This is so portions of what is said and observable behaviour can be transcribed. They will only be watched by myself and possibly listened to by an external transcriber. Portions may be discussed with my school supervisor and university supervisors. The purpose of the recording is to create transcripts for use in research.
- At the conclusion of the session participants will be invited to complete a questionnaire.
- All participation in research is voluntary, a participant may withdraw at any time and this will not jeopardise future access to counselling.

As a counsellor it is my ethical responsibility to ensure confidentiality of all the information collected in this study. In any published documents and presentations a pseudonym will be used and all identifying information will be removed. For your reference (name of supervisor) and (name of supervisor) are my (name of school) High School supervisors and I liaise with them weekly for internal supervision. I will be taking all steps to ensure that the process is confidential. For example, there will be an opportunity for you to talk to me about any comments or concerns you have about storing of information. University of Canterbury regulations indicate that data must be kept for 5 years. All documents used in research will be password protected on my computer.

As a guardian, you will get a brief document of the findings and / or a full thesis of the results on request. Research is of great importance to the development of counselling and your interest in this project will add to a growing field of innovative counselling research. Further, there is potential for the study to be published in international journals and presentations.

At the end of this letter are the details of key people who you can contact if you have any complaints, concerns or issues. All counselling department staff at (name of school) High School will have an outline of the study and will be happy to talk to you about it if I am not available. Any complaints should be addressed to the Chair of the University of Canterbury's Educational Research Human Ethics Committee, who have approved this study.

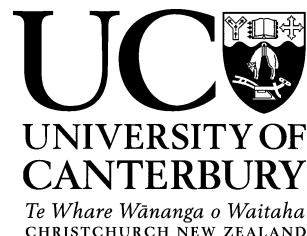
If you agree to your child participating in this study please sign the attached consent form and return it to me in the envelope provided.

Warmly,

School logo  
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School of Health Sciences  
**Researcher / Counsellor**

Darryl Phipps  
Email:  
Phone:



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Darryl Phipps

### **Consent Form for Parents / Caregivers**

(Please tick each box)

- ☐ I have read the information sheet and understand what the study is about.
- ☐ I understand that sessions will be video recorded and portions of the audio may be transcribed by an external transcriber.
- ☐ I understand that all information collected will only be assessed by the researcher and that it will be kept confidential and secure.
- ☐ I understand that neither my child, nor my school, will be identified in any presentations or publications that draw on this research.
- ☐ I understand that my child's participation is voluntary. They may choose to withdraw at any time and this will not jeopardise their access to counselling services.
- ☐ I understand that I can receive a report on the findings of the study by providing my email address below for the report to be sent to.
- ☐ I understand that I can ask for more information, I can contact the researcher. If I have any complaints I can contact the Chair of the University of Canterbury Educational Research Human Ethics Committee
- ☐ I understand that signing this form does not grant me access to any information from the session conducted with my child. This remains confidential.
- ☐ I agree to my child participating in this research.

Parent / Guardian name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email address for report \_\_\_\_\_

Please return to the guidance office in a sealed envelope under my door in the guidance department.

## Appendix E

### Key Contacts

**(Name of school) High School Supervisor**

Name:

Phone:

Email:

**Head of the Student Support Faculty: (Name of school) High School**

Name:

Phone:

Email:

**Primary Supervisor of Research**

Associate Professor Judi Miller (School of Health Sciences, University of Canterbury)

Phone: 03 364 2546

Email: [judi.miller@canterbury.ac.nz](mailto:judi.miller@canterbury.ac.nz)

**Complaints**

The Chair, ERHEC (Educational Research Human Ethics Committee).

University of Canterbury

Private Bag, 4800

Christchurch

Email: [human-ethics@canterbury.ac.nz](mailto:human-ethics@canterbury.ac.nz)

## Appendix F



### HUMAN ETHICS COMMITTEE

Secretary, Rebecca Robinson  
 Telephone: +64 03 369 4588, Extn 94588  
 Email: [human-ethics@canterbury.ac.nz](mailto:human-ethics@canterbury.ac.nz)

Ref: 2017/35/ERHEC

25 July 2017

Darryl Phipps  
 College of Education, Health and Human Development  
 UNIVERSITY OF CANTERBURY

Dear Darryl

Thank you for providing the revised documents in support of your application to the Educational Research Human Ethics Committee. I am very pleased to inform you that your research proposal "The Miracle of the Miracle Question: Using the Solution-Focused Miracle Question with Secondary School Students" has been granted ethical approval.

Please note that this approval is subject to the incorporation of the amendments you have provided in your email of 10<sup>th</sup> July 2017, **and the following:**

- a) *Please use the standard wording regarding where to direct complaints and the ERHEC.*
- b) *Please use the standard wording regarding requesting a summary of results for the Principal and Board of Trustees.*

Should circumstances relevant to this current application change you are required to reapply for ethical approval.

If you have any questions regarding this approval, please let me know.

We wish you well for your research.

Yours sincerely

pp

*R. Robinson*

Dr Patrick Shepherd  
**Chair**  
**Educational Research Human Ethics Committee**

*Please note that ethical approval relates only to the ethical elements of the relationship between the researcher, research participants and other stakeholders. The granting of approval by the Educational Research Human Ethics Committee should not be interpreted as comment on the methodology, legality, value or any other matters relating to this research.*

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School of Health Sciences  
**Researcher / Counsellor**

Darryl Phipps  
Email:  
Phone:

## **Appendix G**

### **School Principal Information Sheet**

My name is Darryl Phipps. I am extremely grateful to be working as a counsellor in the Counselling Department at (name of school) High School. I am in my final year of a Masters of Counselling degree at the University of Canterbury. Typically a requirement of a Masters Degree is a thesis or research study. I have chosen to conduct a research study through the (name of school) High School Counselling Department.

I am interested in looking at my use of certain techniques during my sessions with students. I work using a model of counselling called Solution-Focused Brief Therapy. In this model my focus is on looking for ways to help students get more of what is wanted by them. The model has many different techniques however I am particularly interested in the set of techniques known collectively as the Miracle Question. The Miracle Question is used to help a client shift their focus from feeling stuck in a problem to imagining a time in the future when problems brought to the session have gone. I am wondering about the efficacy of a particular version of the Miracle Question and whether that may be helpful for New Zealand secondary school students who come to counselling.

Details of the study are as follows:

- Students will attend a counselling session of up to 60 minutes in length. This will be conducted in the counselling department.
- The sessions will be video recorded on my lap top computer. This is so portions of what is said and observable behaviour can be transcribed. They will only be watched by myself and possibly listened to by an external transcriber. Portions may be discussed with my school supervisor and university supervisors. The purpose of the recording is to create transcripts for use in research.
- At the conclusion of the session students will be invited to complete a questionnaire.
- Student participation in the research is voluntary and a student may withdraw at any time. This will not jeopardise their access to counselling.

As a counsellor it is my ethical responsibility to ensure confidentiality of students and the information collected in this study. In any published documents and presentations pseudonyms will be used and any identifying details will be removed. University of Canterbury regulations indicate that data must be kept for 5 years. All documents used in research will be password protected on my computer.

As the Principal you will receive a document of the findings and / or a full thesis of the results. Research is of great importance to the development of counselling and your interest in this project will add to a growing field of innovative counselling research. Further, there is potential for the study to be published in international journals and presentations.

At the end of this letter are the details of key people who you can contact if you have any complaints, concerns or issues. All counselling department staff at (name of school) High School will have an outline of the study and will be happy to talk to you about it if I am not available. Any complaints should be addressed to the Chair of the University of Canterbury's Educational Research Human Ethics Committee, who have approved this study.

If you agree to the study going ahead please sign the attached consent form.

Warmly,

Darryl Phipps

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School of Health Sciences  
**Researcher / Counsellor**

Darryl Phipps  
Email:  
Phone:

### **School Principal Consent Form**

(Please tick each box)

- ☐ I have read the information sheet and understand what the study involves and I agree for this study to go ahead at the (name of school) High School Guidance Department.
- ☐ I agree for the (name of school) High School logo to be used in conjunction with the University of Canterbury logo on information sheets and consent forms. This is to convey the credibility of the study in communication to parents and caregivers.
- ☐ I understand that sessions will be video recorded and portions of the audio may be transcribed by an external transcriber.
- ☐ I understand that students will be required to complete a short questionnaire.
- ☐ I understand that the researcher will keep the data collected for 5 years and that it will be kept confidential and secure.
- ☐ I understand that neither the student attending counselling or the school will be identified in any presentations or publications that draw on this research.
- ☐ I understand that participation in the project is voluntary and I may withdraw students from the project at any time.
- ☐ I understand that I will receive a report on the findings of the study and / or a full thesis of the results. My email address has been provided below for the report to be sent to.
- ☐ I understand that I can ask for more information, I can contact the researcher. If I have any complaints I can contact the Chair of the University of Canterbury Educational Research Human Ethics Committee.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email address for report \_\_\_\_\_

Please return this consent form to the Guidance Department in the envelope provided.

School logo  
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School of Health Sciences  
**Researcher / Counsellor**

Darryl Phipps  
Email:  
Phone:

## Appendix H

### **School Board of Trustees Information Sheet**

My name is Darryl Phipps. I am extremely grateful to be working as an intern counsellor in the Counselling Department at (name of school) High School. I am in my final year of a Masters of Counselling degree at the University of Canterbury. Typically a requirement of a Masters Degree is a thesis or research study. I have chosen to conduct a research study through the (name of school) High School Counselling Department.

I am interested in looking at my use of certain techniques during my sessions with students. I work using a model of counselling called Solution-Focused Brief Therapy. In this model my focus is on looking for ways to help students get more of what is wanted by them. The model has many different techniques, however I am particularly interested in the set of techniques known collectively as the Miracle Question. The Miracle Question is used to help a client shift their focus from feeling stuck in a problem to imagining a time in the future when problems brought to the session have gone. I am wondering about the efficacy of a particular version of the Miracle Question and whether that may be helpful for New Zealand secondary school students who come to counselling.

Details of the study are as follows:

- Students will attend a counselling session of up to 60 minutes in length. This will be conducted in the counselling department.
- The sessions will be video recorded on my lap top computer. This is so portions of what is said and observable behaviour can be transcribed. They will only be watched by myself and possibly listened to by an external transcriber. Portions may be discussed with my school supervisor and university supervisors. The purpose of the recording is to create transcripts for use in research.
- At the conclusion of the session students will be invited to complete a questionnaire.
- Student participation in the research is voluntary and a student may withdraw at any time. This will not jeopardise their access to counselling.

As a counsellor it is my ethical responsibility to ensure confidentiality of students and the information collected in this study. In any published documents and presentations pseudonyms will be used and any identifying details will be removed. University of Canterbury regulations indicate that data must be kept for 5 years. All documents used in the research will be password protected on my computer.

The Board of Trustees will receive a document that details the findings and / or a full thesis of the results. Research is of great importance to the development of counselling and your interest in this project will add to a growing field of innovative counselling research. Further, there is potential for the study to be published in international journals and presentations.

At the end of this letter are the details of key people who you can contact if you have any complaints, concerns or issues. All counselling department staff at (name of school) High School will have an outline of the study and will be happy to talk to you about it if I am not available. Any complaints should be addressed to the Chair of the University of Canterbury's Educational Research Human Ethics Committee, who have approved this study.

If you agree to the study going ahead please sign the attached consent form.

Warmly,

Darryl Phipps



School logo  
goes here

School of Health Sciences  
**Researcher / Counsellor**

Darryl Phipps  
Email:  
Phone:

### **School Board of Trustees Consent Form**

(Please tick each box)

- ☐ We have read the information sheet and understand what the study involves and we agree for this study to go ahead at the (name of school) High School Guidance Department.
- ☐ We agree for the (name of school) High School logo to be used in conjunction with the University of Canterbury logo on information sheets and consent forms. This is to convey the credibility of the study in communication to parents and caregivers.
- ☐ We understand that sessions will be video recorded and portions of the audio may be transcribed by an external transcriber.
- ☐ We understand that students will be required to complete a short questionnaire.
- ☐ We understand that the researcher will keep the data collected for 5 years and that it will be kept confidential and secure.
- ☐ We understand that neither the student attending counselling nor the school will be identified in any presentations or publications that draw on this research.
- ☐ We understand that participation in the project is voluntary and we may withdraw students from the project at any time.
- ☐ We understand that we will receive a report on the findings of the study and / or a full thesis of the results. An email address has been provided below for this purpose.
- ☐ We understand that we can ask for more information, we can contact the researcher. If we have any complaints we can contact the Chair of the University of Canterbury Educational Research and Human Ethics Committee.

Name, on behalf of the Board \_\_\_\_\_

Signature, on behalf of the Board \_\_\_\_\_ Date \_\_\_\_\_

Email address for report \_\_\_\_\_

Please return this consent form to the Guidance Department in the envelope provided.

## Appendix I

### Transcription notation

Symbol	Indicates
(.)	A pause which is noticeable but too short to measure
(.5)	A pause time in tenths of a second
=	There is no discernible pause between the end of a speaker's utterance and the start of the new utterance
:	One or more colons indicate an extension of the preceding vowel sound
<u>Underline</u>	Underlining indicates words that were uttered with added emphasis
CAPITAL	Words in capitals are uttered louder than surrounding talk
(.hhh)	Exhalation of breath; number of h's indicates length
(hhh)	Inhalation of breath; number of h's indicates length
( )	Indicates a back-channel comment or sound from previous speaker that does not interrupt the present turn
[ ]	Overlap of talk
(( ))	Double parenthesis indicates clarificatory information, e.g. ((laughter)) and non-verbal, choreographic elements
↑	Indicates a sharp change upward in pitch
↓	Indicates a sharp change downward in pitch
° °	Talk between ° ° is quieter than surrounding talk
> <	Talk between > < is spoken more quickly than surrounding talk
< >	Talk between < > is spoken more slowly than surrounding talk

Adapted from Kogan (1998) and Hepburn and Bolden (2013)