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Lee Shilts
Nova Southeastern University

Anne H. Rambo
Nova Southeastern University, rambo@nova.edu

Edith Huntley
Nova Southeastern University

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THE COLLABORATIVE MIRACLE: WHEN TO SLOW DOWN THE PACE OF BRIEF THERAPY

LEE SHILTS
ANNE RAMBO
EDITH HUNTLEY
Nova Southeastern University

The “miracle question” is one of the most recognizable features of the solution-focused model. Yet, too often, it is asked in a rigid, formalized manner. We will argue that, like all therapeutic techniques, the miracle question is more effective when developed collaboratively with the client. Case illustrations will be presented to demonstrate this approach.

Family therapists with even a peripheral exposure to the solution-focused model utilize the miracle question. John Weakland once joked, “And the next thing you know, somebody is going to call up and immediately after they say ‘Brief Family Therapy Center,’ they’re going to ask the miracle question” (Hoyt, 1994, p. 26). We believe a rigid, formulaic use of the miracle question is contrary to the intent of its originators, deShazer and Berg (1992), who are committed to a collaborative relationship between therapist and client. In this article, we will present a sequenced and interactive approach to asking about miracles in our client’s lives, one which fully includes the client’s voice and proceeds at the client’s pace, and thus results in what we like to call the “collaborative miracle.”

Solution-focused therapy, developed by deShazer and his colleagues at the Brief Family Therapy Center (BFTC) in Milwaukee (deShazer, 1988, 1991; Miller & deShazer, 1998), is based on the premise that the “client’s goals and solutions were more important than the problems the client depicted in the session”

Lee Shilts, Ph.D., Professor, Department of Family Therapy, Nova Southeastern University, 3301 College Avenue, Ft. Lauderdale, FL 33314, (954) 262-3018. E-mail: shilts@nova.edu

Anne Rambo, Ph.D., is Associate Professor, Department of Family Therapy, Nova Southeastern University, 3301 College Avenue, Ft. Lauderdale, FL 33314, (954) 262-3018. E-mail: Rambo@nova.edu

Edith Huntley, is a licensed marriage and family therapist, the Mental Health Director for Bay Point Schools and a Ph.D. (Cand.) at Nova Southeastern University, 3301 College Avenue, Ft. Lauderdale, FL 33314, (305) 219-1884. E-mail: ehuntley@baypointschools.com

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Incorporating concepts from Milton Erickson, social constructivism, and post structuralism, solution-focused therapists consider that detailed knowledge of the client’s past, including details of the presenting problem, is not necessary to construct solutions. Instead, deShazer emphasizes a hopeful future.

This change in focus is seen as collaborative: “a mutual endeavor involving therapist and clients together constructing a mutually agreed upon goal” (deShazer, 1991, p. 57). The therapist works with the family to negotiate change, co-creating a future in which the problem has already been solved. This helps the client to “think and behave in ways that will lead to fulfilling this expectation” (deShazer, 1988). Clients are able to respond to goals as if they have already been achieved. Influenced by Erickson’s use of the crystal ball technique (Erickson, 1954), deShazer uses the miracle question in the first session to help the client consider a future without the problem. DeShazer (1991) describes the miracle question in the following manner: “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 you saying a word to him about it?” (p. 57)

Therapists attempting solution-focused therapy often find that the miracle question falls flat (DeJong & Berg, 1998). Clients may consider it beside the point, answer that they don’t believe in miracles, or otherwise resist the change in focus. We have noted in our supervision and training context that this is especially true of beginning therapists. In our view, when clients and therapists negotiate the miracle together, the question is more likely to be useful, and the clients are more likely to be able to generate new stories about their lives. Current therapy-outcome research indicates that therapeutic techniques in general are most effective in the context of a genuine therapist-client collaboration (Duncan & Miller, 2000).

The next section will describe how the miracle question can be used as a between-session intervention task, and thus become a collaboration between therapist and client. We have found this approach particularly helpful for those clients who appear initially overwhelmed with looking into a future where the problem no longer exists.

This “delayed” use of the miracle question has also impacted our work with trainees within the supervisory context. Case illustration two serves as a good example of our work within this area.

**DELAYING THE MIRACLE**

The miracle question is traditionally asked and explored by the therapist and client during the initial session. Because Occidental culture is organized around the concept of linear time, we typically use schedules, goal setting, and to-do
lists to stabilize our efforts. Establishing goals, through the use of the miracle question, is an essential component of solution-focused therapy. Yet when the question is both asked and answered in the first session, the client may feel pressured, or unwilling to consider such a dramatic change. Instead, we encourage clients to “delay” their responses to the miracle question, thus giving them ample time to reflect upon an appropriate response that fits with their realistic life situation.¹

Case Presentation: Mary Makes The Miracle Question Her Own

Mary,² age 32, presented for therapy with the goal of making a decision about a long-term relationship with a man who was verbally abusive to her, and had at times been physically abusive. Mary had difficulty seeing a future where the problems she brought into therapy no longer existed. She was often overwhelmed and seemed exhausted, as she complained of a partner who was threatening, neglectful, and often absent. Her goals of gaining independence and getting out of this relationship often got lost in the details of the past.

A change occurred when the team asked Mary to research her own miracle. The miracle question was posed at the end of a session, as a between-session intervention task:

THERAPIST: Well, the team is impressed with how much you’ve done, how far you’ve come and how you survive all this, and know that you’ve got a plan.
CLIENT: Thank you.
THERAPIST: You’re welcome . . . and they wanted to give you a kind of a “task” to take home. (Miracle Question) Suppose you go to sleep tonight and when you wake up in the morning, everything has changed and you are able to leave. A miracle has occurred while you were sleeping and all the things that keep you in this situation (relationship) have gone away.
CLIENT: The money? Overnight?
THERAPIST: Anything and everything. How will you know, when you wake up, that this miracle has occurred?
CLIENT: I’ll be able to pay off . . .
THERAPIST: I want you to think about this. I want you to take this home and think about it.
CLIENT: OK.
THERAPIST: And then we’ll come back and talk about it next session.

¹In the following case presentation, the third author is the therapist. This case was chosen because it clearly delineates the approach described in this paper. Names and identifying details have been changed to protect the confidentiality of the client.
²Throughout this manuscript, pseudonyms are used for all participants.
CLIENT: Alright.
THERAPIST: Are you alright?
CLIENT: Yeah, that’s an easy one, I always think about that.
THERAPIST: Yeah, but we want you to think about when this journey you have been on, this situation, will come to an end and how will you know when it’s ended. I want you to start thinking about that.
CLIENT: Yeah, definitely. I wish it would.
THERAPIST: So, I’ll see you at 3:00, next week?
CLIENT: OK. Next week? Or do you want to make it two weeks?
THERAPIST: What do you think?
CLIENT: I like the two weeks because this journey is just, you know, the same thing, different story, different places, same story.
THERAPIST: OK then, two weeks. Was the task, miracle question, clear enough?
CLIENT: Yeah, I can do that. I’ve done it. We can talk about it next week.

It was our hope that by delaying any answers to the miracle question, and waiting until Mary’s own “research” was complete, the switch to a solution focus would happen at the client’s pace, not ours. When Mary returned to the next session, we were startled to hear her say:

CLIENT: I don’t think I need this anymore.
THERAPIST: Really!
CLIENT: Well, when I first came here, I thought I needed, uh, a backup or I don’t know, I just felt like I needed some guidance. I just felt unsafe with him (her). I felt like I needed someone to talk to right away. If he was gonna hit me or anything like that and you know, that situation hasn’t gotten any better but as far as my mental security . . . uh, I feel more secure. More sure of my decisions and I don’t know, if the, you know, the way I do things, I don’t know if he’ll ever strike out at me or not. Uh, but if he does, I know what to do. I don’t feel so unsure about things. I also came to counseling for me and him but he has never shown up.
THERAPIST: True.
CLIENT: And, you know, I was thinking about it and I also thought about the question you asked me last week (Miracle Question), two weeks ago, you know, what would make . . . if I was to wake up the next morning, what would make everything alright for me?
THERAPIST: How would you know it?
CLIENT: It would be, if he stopped, you know, emotionally tearing me up and threatening me or if I got rid of him! Those are the two things. He’s the problem, and I know how to deal with him now. I didn’t then. I mean last year I was a mess. I was upset all the time. I wasn’t sure of things. I didn’t have a job and then I just started my job. Now I’m kind of back on track.
THERAPIST: And when we started, the team we started with, were real clear on how you had gotten stronger and more aware of what was working with him and doing more of that.

CLIENT: Yeah, and that’s OK. Those are good things that I had, you know, the reassurance that I was doing the right thing. You know I didn’t know. I really didn’t know. I was kind of at a loss... with that kind of knowledge or experience. Cause I didn’t know how to deal with this. I don’t have this, this extreme person in my background. You know?

THERAPIST: But you are dealing with him.

CLIENT: Yeah, I am. Huhm. So, uh, he’s... I’m not going to worry. I’m not going to depend on him anymore. I’m just going to keep moving in my direction.

THERAPIST: Which is?

CLIENT: Working on independence and getting out. I just saw a contractor today who’s supposed to fix up the back of my house. I’ll either move back there or I’ll move to California.

THERAPIST: And you are OK with leaving his children?

CLIENT: Yeah, that, I really, uh, I thought I’d have trouble working that out but it’ll be fine.

TEAM MESSAGE: The team is excited about your news! I am too.

CLIENT: Yeah, I think it’s for the best. I don’t know... So, is there anything else I need to do?

THERAPIST: I don’t think so, just keep doing what works.

CLIENT: OK.

THERAPIST: And taking care of yourself.

CLIENT: Yeah, I didn’t want to call you on the phone and say I didn’t need this anymore. I just wanted to come in here and let you know.

A collaborative miracle had occurred; Mary had constructed a future without the problem; she had generated a new story of “independence” without her abusive partner. The miracle question proved to be a particularly effective intervention utilized at this time in Mary’s therapeutic process. It was effective, though, because Mary took the question home and made it her own.

Case Presentation: The Miracle Question And Supervision

The Brown family—father, stepmother, and father’s 8-year-old daughter, living with them full time—presented for therapy seeking help for their daughter’s bedwetting. Specifically, the stepmother was concerned about the bedwetting. This behavior also appeared to affect her performance in school; the daughter was currently failing a majority of her classes for no academic reason, and she complained of being distracted and tired in school. The primary therapist\(^3\) ex-

\(^3\)The primary therapist was Nikki Thompson.
plained the use of the therapeutic team and the one-way mirror, and received permission from the family to participate in the therapeutic process.

A change occurred when the team asked the family to research the miracle question. The question was posed at the end of the first session as a between-session intervention task:

THERAPIST: We (the team) would like to give you a take-home task this week. Pretend you go home tonight—this may be silly but please just follow me—and a miracle occurs, but you don’t know it because you are sleeping. And for you Summer (the daughter), a fairy comes along and sprinkles magic fairy dust on you. When you all wake up things will be different. The problem you came here for tonight is going to be all gone and life is going to be great. How would you know the miracle occurred? How would life be different?
FATHER: I would not wake up yelling.
THERAPIST: You don’t wake up yelling. That is a good start. I’m sure you have a lot on your plate and a lot to think about. Do you understand the question?
FAMILY: (Nods their heads yes)
THERAPIST: Write down your miracles, take note of the times when you see the miracle occurring. We are going to leave it here for tonight, and when you come in (next week) I want to talk about this.

After that discussion, the first session ended and the family went home with the miracle task. Once again, our intention was for the family to find a comfortable pace to research their responses to the question. When the family returned for the second, and last session, the following dialogue took place:

THERAPIST: We had a task from last week, the miracle question. What did you come up with?
MOTHER: Summer had a miracle.
THERAPIST: Summer had one! That is great! What was your miracle when the fairy came and sprinkled fairy dust on you?
DAUGHTER: I would get up and get dressed early so daddy does not yell at me all the time.
THERAPIST: What do you mean daddy yells? Telling you to hurry up; getting dressed and being ready to go? That would be your miracle?
DAUGHTER: (Nods her head yes).
FATHER: I didn’t yell at all this week.

The therapeutic team consisted of Gina Savino, Jennifer Belsinger, Jordyn Travaglini, and Mary Burton, working from a solution-focused model.
THERAPIST: That is great! How did you get without yelling?

DAUGHTER: My daddy wakes me up.

THERAPIST: How about you guys (father and mother), what did you think of?

FATHER: If I just wake up in the morning with no yelling I guess. So far none this week.

THERAPIST: That’s good. What changed, what made it so you weren’t yelling?

FATHER: I am tired of dealing with it. If she (daughter) is going to pee the bed, she is going to pee the bed. If she doesn’t get dressed on time, she is going to be late for school. We live so far from school, that is the reason I yell. Even if she gets up at 6:30 a.m. I gotta be at her school in twenty minutes.

THERAPIST: Yeah. And how about you mother?

MOTHER: Well, he has been taking her to school so I’ve been sleeping a little longer so I have extra time to get ready for work. So we don’t interact as much in the morning so there wasn’t any arguing and fighting.

THERAPIST: That’s great. It sounds like things were a little less intense this week.

FATHER: Less stressful.

THERAPIST: That is great. What do you think we can do to keep it up?

FATHER: I guess it all depends on me, if I’m a Mr. Blabbermouth or loud in the morning, then I guess it puts everyone in a bad mood. So, if I either keep shut or deal with it, if she is five minutes late for school I can’t be stressing about it.

THERAPIST: How about you sweetie, any other miracles you thought about?

DAUGHTER: (Nods her head no).

Our approach to supervision is informed by a postmodern philosophy: knowledge is socially constructed and language is generative. Similar to the work of Cantwell and Holmes (1995), we view our supervision as an opportunity to expose the participants to a wide range of therapeutic ideas and practices that fit differing styles. Therefore, a “delayed” version of the miracle question is yet another example of allowing our trainees the opportunity to find how this particular technique may fit with their own unique style. It fits within a postmodern paradigm since it is generated through language between the therapist and his or her client. Further, the meanings behind the question are developed through social interaction and social consensus.

Through the use of a collaborative miracle, the family and the therapist constructed a future where good things were starting to occur. By taking the miracle question home and making the responses fit their life experiences, the family and therapist could build successes from the miracle responses and apply them to their everyday lives. In our opinion, delaying responses to the miracle question further allows the supervisory process to unfold in a different manner.
Rather than the supervisor taking direct control of the miracle question, delaying it allows the therapist and family greater freedom to work with the question at their own pace.

CONCLUSION

Eve Lipchik (1994) has cautioned against “the rush to be brief” (p. 37). Solution-focused therapy can be extremely effective, but that very effectiveness may tempt the therapist to emphasize technique at the expense of therapeutic alliance. The conversation in therapy may become “professional-led” (p. 162) rather than client-driven (Anderson, 1997). Taking time to experience the miracle at the client’s own pace reduces this risk. Postponing the answer to the miracle question in this way may be less necessary when the client and therapist are already well joined, or when the client is not particularly overwhelmed with a situation, and prefers to move ahead within the session. But in many cases we find building in a delay to the miracle question to be a useful way of reminding ourselves and our supervisees to move at a collaborative pace. Beckman and Frankel (1984) report that after an average of 18 seconds, physicians typically have already begun to diagnose, and consequently interrupt the spontaneous flow of information from their patients. Brief therapy has a long history of seeking alternatives to the medical model (Hoyt, 1994) in the hope of offering our clients a different type of experience. Letting the clients determine how fast we will move towards their miracle is one way to ensure that alternative experience.

REFERENCES


