THE MIRACLE QUESTION

Steve de Shazer, August 1999

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Although the miracle question was developed beginning in the early 80s and I have been using it in almost every first session ever since I am beginning to think that over the past two or three years I have finally learned how to ask it. By that I mean that I have finally found a method to help clients construct a useful response.

I think my (our) initial mistake was to call it "the miracle question" when it has never been just a simple question. Rather, its purpose was to shift the conversation quickly and easily into the future when the problems (that brought the client to therapy) were gone. That is to say, the "question" itself was never as important as the client's response. Over the years of dealing with the wide variety of client responses I have somehow sort of learned how best to respond to their responses. In part, I learned this from watching how Insoo Kim Berg responds to her clients' responses. Further, I learned this from watching how other therapists' responsive behavior did not lead to the kind of miracle picture Insoo's clients were able to develop.

So here is a sketch of the pattern that I have worked out. Surprisingly, this turned out to be one case where less was not more, where just the simple "miracle question" and the clients' initial responses were not enough.

PART ONE

"I have a strange, perhaps unusual question, a question that takes some imagination ...
[Pause. Wait for some sort of signal to go ahead with the question.]Suppose . . .
[Pause. The pause allows clients to wonder what strange and difficult thing I might ask them to suppose.]
After we finish here, you go home tonight, watch TV, do your usual chores, etc., and then go to bed and to sleep . . .
[Pause. Pretty normal, everyday stuff. Not so strange after all.]
And, while you are sleeping, a miracle happens . . .
[Pause. The context for this miracle is the client's normal, everyday life. This construction allows for any kind of fantastic wishing.]
And, the problems that brought you here are solved, just like that! . . .
[Pause. Now the focus is on one particular miracle that is in line with his or her coming to therapy.]
But, this happens while you are sleeping, so you cannot know that it has happened ...
[Pause. This is designed to allow the client to construct his or her miracle without any consideration of the problem and without any consideration of the steps that be or might have been involved.]
Once you wake up in the morning, how will you go about discovering that this miracle has happened to you? ..."
[Wait. The therapist should not interrupt this silence; it is the client's turn to talk, to answer the question. In fact, when the client's response is "un-reasonable" (in the therapist's view) the therapist's most useful response is to continue his/her silence which gives the client a change to "fix" the response, to make it more reasonable.]

PART TWO

"Without your saying anything, how will other people know that this miracle has happened to you?"
[This is designed to help the client describe the interactional context.]

PART THREE

"When was the most recent time (perhaps days, hours, weeks) that you can remember when things were sort of like this day after the miracle?"
[This is designed to elicit descriptions of exceptions (and pre-treatment changes) — which are called "pieces of the miracle" — and to help client and therapist figure out if the miracle picture involves things that the client can do.]
PART FOUR
"On a scale from 0 to 10, with 10 standing for how things are the day after the miracle and 0 standing for how things were at the point you called to arrange this appointment, where — between 0 and 10 — are you at this point?"
[This "progress scale" is designed to help both therapist and client figure out where the client is in relation to his/her goal(s) for therapy.]
"On the same scale, where would you say things were when things were sort of like this miracle day?"
"On the same scale, where do you think other people would say you are?"
PART FIVE(The opening question in second and later sessions.)
"So, what is better?"
["Better" is a construction and this is designed to remind both therapist and client that one of the goals in these subsequent sessions is to help the client describe things as "better." Failure to begin the subsequent sessions with this question undermines the value of the other four parts.]
PART SIX
(The "progress scale.")
"Remember that scale where 10 stands for the day after the miracle? Where would you say you are today on that scale?"
[It seems more useful to ask about this without reminding the client of his/her previous rating. If the question is asked this way: "Last time you were a 3, where are you now?" Clients tend to respond with "3" and they tend to respond to the open version with a rating "higher" than that they gave in the previous session.]

SUPER-VISION

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Although many questions can and should be asked about just what exactly is implied by the term "supervision," it does mean to look over, but not to over-look, something. Clearly, the term means different things at different times and in different places. For some this is an administrative term having something to do with making sure that the supervisee does his/her paperwork, etc. For some this term has something to do with helping the supervisee to do his/her clinical work. Sometimes the supervisor-supervisee is structured right into the hierarchy of the workplace, sometimes the supervisee seeks out a senior therapist to help with her/his work with clients and the supervisor may function much like a consultant. For some supervision is necessary to get and/or maintain the license to practice, but for others it is just a matter of making sure they stay on track.

My primary concern is with "supervision of a solution-focused brief therapist". As I see it, I want to first draw a distinction between this title and "solution-focused supervision" which I find to be a confusing title. The latter suggests that there is a something, a model of supervision that I drag into the supervising situation and I would, therefore, do "solution-focused supervision" even if I was supervising a structural family therapist. As I see it, this is not the case. I could not do it because I would not be speaking the client's (therapist's) language. This might be called "solution-forced supervision." The former says that what I am doing is supervising someone doing SFBT. I might, also, do supervision of a structural family therapist. What I might do in these two very different situations could well be very different indeed.

I also want to draw a distinction between doing supervision and doing therapy. Too frequently people pay more attention to the similarities (and thus the label "solution-focused supervision" arises) and ignore or minimize the differences. In the therapy situation, the client is finished when he/she is satisfied. This can involve one, two, three or many sessions. From my perspective, the client is the sole judge of progress and success. When therapy is finished, the client goes away and is frequently never seen again. In the supervision situation, the supervisee continues to meet with the supervisor until their contract is over — which is frequently a matter of a set period of time. It is not usually ended when the supervisee is satisfied. Sometimes, when the supervision is structurally determined it might (in principal) go on as long as both people hold their jobs. In any case, when the supervision is over, the supervisee's status changes automatically to "peer." He/she does not disappear. Furthermore, the success of supervision is not judged solely by the supervisee. The supervisor and, in many cases, the supervisee's bosses, the supervisee, and (at least indirectly) the clients have a role in judging success (and failure).

When I am doing supervision of a solution-focused brief therapist, I focus on helping the therapist look over her/his own work from the client's point of view. I do this because I have learned that therapists tend to severely under-rate their own work. Thus I would not ask a therapist: "What did you like about the session? How come?" From my perspective, only the client can judge whether or not the therapy was useful and I also want to avoid situations wherein a therapy session can be described in this way: "the operation was a success but the patient died." Therefore, my first question is:
(1) "On a scale from 0 to 10, how do you think the client would rate the session?" Usually, the therapist will also tell me about her/his rating as well (without my asking) and it is usually lower than the rating they think the client would give. SFB therapist frequently have far higher expectations for their clients than the clients do. This can be wonderful since this allows the clients to pleasantly surprise their therapists but it can also be problematic when the therapists works too hard trying to get the client to "10" when the client finds "7" to be good enough. My second question is:
(2) "Do you think that the client would say that that rating for the session is 'good enough?" If so, then the therapist should think about doing more of the same and thus I can compliment them on their work during that session. If not, then comes my third question:
(3) What would the client say needs to happen — in the next session — for the rating to go up one step on the scale?" Frequently the therapist will review the client's goal(s), progress, and the miracle picture to help them focus their work more. Thus I do not have to ask the therapist what he/she things they need to do differently since they already know.

Although this is just a sketch, it covers the main points of what I do when I am supervising a solution-focused brief therapist. Certainly there is more to it than these three simple questions, but these questions are what I use to organize the work. Like when I do therapy, I end a supervision session with compliments, a handshake, and a wish that she/he has some good luck.