

THE MIRACLE QUESTION – THE REALITY QUESTION

Miracles are about things that are not real and this is why I have often felt that the name of this question is misleading. It would be meaningful to rename the question to the reality question since this is what the question is really about – the clients real world.

The general construction of the question is “A miracle happens while you’re sleeping – and the miracle makes the problem that brought you here disappear. But this happens while you’re sleeping so you can’t know it happened.”

How do you and people close to you discover this miracle happened?”

The construction is thus that a miracle happens. Nobody knows the miracle happened and the client and you go on a search in the client’s world for signs that this miracle happened. Signs of this miracle can only be found in the client’s real world and therefore the miracle question deals with the real world and not with miracles.

The difference between a miracle and the effects of a miracle

Some therapists are afraid to ask the miracle question. What do you do if a client with AIDS says he won’t have AIDS, or a man whose wife left him answers with *“she’d be there in the bed with me when I woke up”*. Steve de Shazer tells a story of a client who lost his left arm in an industrial accident. When asked the miracle question the client answered that he’d wake up with his left arm in place. Steve answered *“Sure”*, and since he didn’t know how to go on he waited. A long silence ensued and then the man added: *“I guess you mean something that could happen”* and Steve nodded. The man then went on to describe how he would get up and make breakfast with only one arm. There was never any talk again about getting the arm back.

It is obvious that many people with serious illnesses and handicaps wished they were well (*“... had his arm back”*) and there is no danger in them expressing this. When we acknowledge and validate (*“Sure”*) most people move to a realistic view (*“... I guess you mean something that could happen”*). Clients know what’s possible and what isn’t. They know that talking with us won’t give them back their arms or cure them of AIDS.

It is important for the therapist to know that the question is not what would be a miracle for this person or family. The question is about how they will discover the effects of it.

Our attitude (mind-set)

It makes a difference when the interviewer/therapist knows for sure that clients have the capacity to create and develop descriptions around what they want their life to look like and how they want to be in the world. A lot of therapists will never have enough faith in their client’s capacity to dare asking the miracle question. I have likened this to Catch 22 (Joseph Heller). Faith can only develop once you’ve heard the answers many times and you won’t hear the answers if you don’t have faith in the clients’ capacity to create them.

How to ask the miracle question

It’s not easy to get useful answers to the miracle question and it has been useful for us to follow a few seemingly simple rules for how to ask and follow up the question. Steve de Shazer inspires most of what follows.

Divide the question into parts and make sure your client (or family) is listening to you.

Start with something along the lines of:

“Is it ok if I ask a strange question?” This is important because a statement like this will normally lead to the client listening more attentively to your question. When we haven’t done this it has happened that clients’ have interrupted us before we were finished with the question, sometimes starting to answer something entirely different. Once the client answered yes or nodded in agreement move on with something like:

“After we talked here today you leave and you go do whatever you do on a day like this. Then as the day goes by you continue doing whatever you usually do. Then you come home, you cook, you eat, watch TV, do what you normally do. You do your homework or don’t do your homework, you read to your kids... Pick whatever fits and keep it up till the client nods. “Then it gets late, you get tired, you go to bed and you fall asleep”. Wait for a confirmatory nod here so you know the client is following you. This far in the question you haven’t asked anything. All you’ve done is to invite the client to think about what an ordinary day looks like. You want the client to get out of the therapy room and think about what goes on in his life because that is where change happens and is noticed.

“Then during the night - while you’re sleeping – a miracle happens.”

It is important to pause here and await some kind of reaction: a smile, a lifted eyebrow or a questioning look. Insoo Kim Berg often looks intently at the client and smiles. Steve de Shazer says that it is important to pause here, but not to long, because if the pause is to long clients will pretty regularly say that they don’t believe in miracles¹.

“And not any miracle – it’s a miracle that makes the problem that brought you here today go away – just like that” (most therapists snap their finger here). Leaving this part out *“... the problem that brought you here...”* is one of the most common mistakes when asking the miracle question and will regularly lead to clients answering with vague and unrealistic goals.

¹ Sometimes this happens even if the pause is short. I will often answer “neither – but is it ok for you to pretend for a while?”

“But since the miracle happens while you are sleeping you won’t know it happened.” On a pretty regular basis clients will nod, look thoughtfully at the wall behind you, behave as if they were thinking.

“So – you woke up in the morning. During the night a miracle happened. The problem that brought you here is gone – just like that – How do you discover that things are different – what is the first thing you notice after you wake up?” Seat yourself comfortably and wait for the answers.

What do you notice yourself

A person wakes up in his bed in the morning. During the night a miracle happened that solved that person’s problem. How does that person notice this? How can he know it happened? What kind of feelings does he wake up with? What kind of thoughts? What is the first thing he notices that is different? What does he do that is different? If there is someone else there when he wakes up – how does that person notice that something is different? How does other people notice it?

As always – you never know what you asked before you heard the answer and the ensuing questions – the dialogue – should be built on the client’s answers if there is to be a dialogue.

The hot-answer

People start answering the miracle question in many different ways. One of the most common ones is *“I don’t know.”* It is useful not to answer – not comment, not nod, not echo. If you do answer in any way (verbal or non-verbal) the client will start waiting for your next question or statement since it will be your turn to continue. This can become confusing and sometimes embarrassing if you think you didn’t answer but nodded or said “hum” without noticing yourself – because then the client sits there waiting for you to go on and you sit there waiting for the client to go on.²

Count to 6 without moving and very important – not nodding – is a good exercise in self-discipline and will lead to most clients starting to develop an answer. Particularly if you lift your pen to your pad and behave as if you’re waiting for something to write down.

If the client hasn’t answered in 6 seconds you can say *“it’s a difficult question”*, and the client can have another 6-10 seconds to think.

Once the client started developing answers these will vary. It is very common that people start by telling you what they will **not feel**, **not do** or **not think**. It is often helpful to echo their answer with a little bit of weight on **“not”** and then ask what they think they will feel, think or do **instead**. This helps a lot of clients to move on to descriptions of what they will do, think or feel the morning after the miracle.

It is useful to think about *“feel, think and do”* as 3 parts of the same description and that they are connected. When the client answers the miracle question with

² Joel Simon (New York) says that Steve de Shazer uses the analogy of tennis. The act of asking the question is like a volley into the opponent’s court. “I don’t know” is not a return volley; the ball is still in the opponent’s court and therefore, I can’t take action until the ball is returned. When the client insists on “I don’t know,” Joel has taken a cue from Insoo and asked, “So, suppose you did know, what would you say?” He says: “It’s amazing to me that clients actually answer such an absurd question; shows how smart they are!”

how he will feel differently we build on that with *“so when you feel ... what will you be doing then that you’re not doing now?”* After the client answered we will generally ask *“what else?”* at least 3-4 times.

We do the same when the client’s first answer is *“I will think more positive thoughts”* We build on this with for instance *“So when you think more positive, do you have any idea what you will do differently then?”* For many clients it is easier to answer how other people will notice the difference *“So when you think more positively - how do you suppose your father/mother/wife/best friend/ children ... will notice this?”*

After a long and thoughtful silence Sara answers: *“I wouldn’t wake up feeling anxious”*

The therapist silently wonders to himself: How does one notice this when one wakes up in the morning? What does one feel when “one doesn’t feel anxious”. Or not depressed or not a huge number of words that we use to communicate with other people about how we feel.

He sits quietly, looks expectantly at her and waits for her to continue. Sara turns towards the window and continues:

The Feeling- and Thinking-answer

“I’d wake up glad and I’d think: Oh what a wonderful day... I’d look forward to the day.”

Most clients start with how they will feel differently and think differently after the miracle.

The therapist echoes: *“Wake up glad, looking forward to the day... hum. What else?”*

“I don’t know” answers Sara and looks at the window again. The therapist is quiet, doesn’t respond and waits. She continues: *“I’d feel like doing something.”*

The behavioral answer

Concrete and detailed descriptions are easiest to handle and a lot of therapists have the sense that these are most useful for the clients. It seems that concrete descriptions of behavior and action becomes like a rehearsal of what a person wants to do in his or her life and the more detailed the description the easier it is to make it happen. Concrete descriptions also make it easier to move into thick interactional descriptions.

“Feel like doing something, hum. How will you notice that?”

“Oh, I’d get up, look at what’s in the fridge and prepare a real breakfast. Then I’d wake Anders – no he’s probably already up – but – we’d have breakfast together.”

Detailed descriptions also seem to help clients “experience what they are describing”. (Sara changes into the present ... *he’s probably already up...*)

What do other people notice?

People are not isolated islands floating around in an ocean of solitude³. We exist in social contexts. Change isn’t change until it’s seen and recognized as such in our social contexts.

We ask questions about how change will be – and is already – perceived in the client’s social contexts.

“What would be the first thing people around you notices after the miracle – without words?”

“What is the first thing they would notice you did differently?”

“What would surprise them the most?”

“What else?”

³ Martin Söderquist late 80’s while teaching family therapy.

As always many people will start describing what people around them would see is **not** there anymore. They'll see that that *I'm not irritated or not depressed* or a number of other things that only tells us something about this person's problem. So – we echo – *hum – not depressed... Hum – so what do you suppose they would see instead of you being depressed? (or how would they see you're not depressed?)*

We try to create detailed descriptions of what would indicate to friends and family that there has been a change and the problems are solved. Everything that starts with “**not**” is essentially regarded as information about the client's problem and not taken into account when thinking about what the client wants. We listen for the **presence** of emotions, thoughts and behavior.

“What is the first thing your boyfriend notices in the morning – without words?”

Sara thinks for a long time, looks thoughtfully out the window. “He would notice that I didn't wait for his initiative. He would notice that I would want to do something regardless of what he wanted.”

The therapist echoes questioningly “he would notice that you look initiatives?”

“Yes...” She adds: “I don't do anything without him now. I wait for him to say what he wants to do and then I do it regardless of if I want to. Nothing is fun anyway, so it doesn't matter and he notices.”

“So how would that be different after the miracle?”

“He would notice that I want to do something. He would see that I am much more joyful and self-confident. It suggest something and then I'd do it. I wouldn't care if he was up for it or not.”

“How would he notice?”

“He would see me smiling, maybe I'd give him a hug spontaneously and maybe I'd talk about something else than how I feel.”

“For instance what?”

“I could be anything. A book I read or me telling him I want to see one of my friends. Anything.”

What happens between you?

“How would he react?”

Descriptions are expanded by being made interactional. We exist in interaction with other people. We know whom we are by how other people respond to us.

“He'd be real glad,” answers Sara and smiles broadly.

“What is the first thing you'd notice with him that would tell you he noticed the difference with you?”

“It would take a while. He wouldn't believe it in the morning so he'd probably look at me in a weird way.”

“Weird how?”

“Like he was wondering. Almost like he was suspicious – but not really, and he wouldn't dare comment on it.” A broad smile lightens her face and she continues, “He wouldn't do that for several days. But he'd want us to do what I proposed immediately – a walk on the beach – whatever. He would hook on to my initiative and then he'd look a little bit happier. It's been tough on him – all this time I've been low like this.” She looks down to the floor, looking sad again.

“A little bit happier, hm... How do you see it on him?”

“Not so cautious with me. More gladness in his eyes.” She reflects for a while. “It would be the whole way he is acting. Not so guarded and more straight on. He'd take more initiatives to all sort of things.”

She looks the therapist straight in the eyes and smiles.
“Sounds wonderful” says the therapist and she nods and says “Hum”. Both smile.

A bit more complex

The “Things – and other people change”-answer

Some people will answer the miracle question with an unrealistic answer. Most often we see this as an effect of us not preparing the question well enough (an

unclear common project), or having made some kind of mistake when phrasing the question. One can feel overwhelmed when this happens, but some ideas can be helpful.

In the late 80's at BFTC a woman answered Steve de Shazer “If my ex-husband stopped drinking – that would be a miracle”. Steve smiled and answered “Sure” and after a short brake she continued describing what her ex-husband would do differently towards their children. Steve interrupted her and said: “This is a miracle that only his your house, not his – what would be the first sign?”

The woman than started to describe what she would be doing differently towards her kids and how she would eat differently and start losing weight.

Answers that we tend to treat in a similar way are when clients describe how the world changes or when they describe unrealistic events like becoming rich, winning the lottery etc. It is possible to go on with questions where you simply accept the change the client describes and asks what difference it would make for the client, what he/she would start doing then that he/she is not doing now and how other people will notice it. This often works well. The answers tend to become progressively more concrete and possible. People know what is possible and what isn't.

The “social workers stop meddling in my life” - answer

When clients start with any variation of this answer it is important to acknowledge how painful it is when social services, police or tax authorities meddle in the client's life. It is important to acknowledge and validate because the opportunity to ask, “So – if the social workers stopped meddling with your life – what difference would it make?” only exists after this is done. You build on the client's answer and this will lead into descriptions of what the client will feel differently and what he/she will do differently.

Another possible way to go (after acknowledging and validating) is:

“So – what do you suppose the social workers need to see to get out of your life?”

The – “Family members become different” - answer

“My husband would be more considerate”

“My children would obey me” are a type of answers that we handle in a special way. We don't see these as impossible projects like in the “Things and other people change”-answer. Instead we look for what's possible – often by simply asking if it is possible – other times by first creating more detailed descriptions before asking if it's possible.

“So what would be the first sign that the miracle happened?”

“He'd get up without telling me to go to hell when I woke him.”

“What would happen next?”

“He'd get ready to go to school. Take a shower, get dressed, come down and have breakfast without complaining about it”

“Hum... and what then?”

“Then he'd get his things, his books, his bag and go to school.” She pauses, thinks and then adds: “In time”

“So how would he be different towards you this morning?”

“He'd be friendly. He would smile and talk with me in a normal tone of voice.”

“And if he did this, how would you be different towards him that told him that you'd had noticed?”
“I'd be friendly too. I would talk with him in a normal tone of voice instead of shouting and yelling and nagging. I get so fed up with him.”

“Yes, it sounds real tough on him – so how else will you be different towards him?”

Gradually the descriptions of the preferred future lead into questions around if any of this ever happens and if so (which is most often the case) “what and how” mother does when any of this already happens.

So in these situations we start by describing how the family member becomes different. We then go to “how the person desiring this change in his/her family member, becomes different as a result of the other person changing” and then on to how the interactions changes between the people involved.

It is as if the first two phases of the descriptions of the miracle changes place with each other and the continuation of the dialogue – thick descriptions of the details in the miracle remains the same.

Living the miracle

Together with the client and the family we try to create an image of the future where the problem does not exist and where the things happen that the family want to have happen. We try and create an image that contains as many concrete details as possible and we try to “travel” in the miracle picture. We create and we are in – we live the miracle with descriptions of feelings emotions, thoughts, behavior and interaction with other people.

Karin is a bit older, has had children late in life and now lives alone with her 2 teenagers. Life hasn't been kind to her and maybe she has had times when she has been drinking a lot. She is unemployed, lives on welfare and comes to therapy because the social services are worried about her children. She complains about the children's father having started to harass her again since he got out of prison.

Her answer to the common project question⁴ is that she would feel calmer and the therapist continues with the miracle question.

“I wouldn't holler so much in the morning. I wouldn't feel so tired and be so irritable.”

“Not so irritable”, echoes the therapist. “What else?”

“I wouldn't have to nag them all morning.”

“What would you be doing instead?”

“I wouldn't holler and be so irritable”

“What would be the first thing that any of the kids would notice, that told them a miracle happened – without words?”

“I'd be Pierre.”

“What would Pierre notice?”

“He would see that I wasn't standing in the door and hollering at him to get out of bed. He is impossible in the mornings. He just stays in bed, and it is impossible to get him to go to bed in the evening. He just sits there watching TV.”

“I see – so – the day after the miracle he would notice that you were not standing in the door hollering at him... hum... what do you think he'd see you do instead?”

The question can be seen as an invitation to move the dialogue into describing the presence of behaviors (so far the only thing Karin has described is the absence of problems).

“I wouldn't be so irritated.” She stops. Thinks for a while and continues with a somewhat softer voice: “I'd talk more calmly to him. Maybe I'd go into the room instead of standing in the door yelling. Yeah – I'd probably do that. I'd go in and sit down on his bed and I'd say 'good-morning honey. It's time to get up.’” As she says this a calm smile appears and she defocuses – sort of looking right through the therapist.

“Wow” says the therapist, “and what do you do next?”

⁴ What needs to be different after this session – something small – for you to be able to say that it was a good idea talking with me – despite it not being your idea?

She smiles thoughtfully, thinks for a long time, turns her head to the right and looks down, turns her body a little to the left and stretches her left arm (she is clearly sitting on the side of Pierres bed with her back towards him and her head turned towards his head).

“I'd put him gently and wake him up slowly” she says, while she pats gently in the air with her left hand. She looks calmer and the therapist sees her being in Pierres bedroom waking him up on the morning after the miracle – so the therapist says:

“Hum – sounds great – so – how does he react?!”

“I don't know. It's been such a long time since I did it that way. She pauses and thinks: The therapist bites his lip. It helps him shut up. After a few seconds she continues: “He would probably be less aggressive.”

“Hum...” answers the therapist and continues “and instead of aggressive?”

“He might smile when he wakes up. Perhaps not immediately but at some point he might if I took the time to sit there and talk calmly with him – and then he might even accept a morning hug.”

“Sounds wonderful”, says the therapist and she nods.

“So tell me – suppose that 0 means when the social services decided you should come here, and 10 means it is the day after the miracle – where would you say you're at today?”

She thinks for a long time before answering the question and then says:

“9”. She continues spontaneously: “It's been much worse than it is right now.”

Her picture of the effects of the miracle is created out of her hopes for the future and bits and pieces are added from her experiences. It's not a picture that the therapist could have invented for her. It's not a picture built on the therapist's knowledge about how life should be lived. It's her picture and it's developed out of her knowledge and her abilities and we believe that it is also an expression of what she wants. It is a picture that shows her and the therapist the least she can achieve. What she can describe she can also do.

THE MIRACLE SCALE

"So – on a scale from 0 to 10 – where 0 means when you decided to seek help – and 10 means – the day after the miracle – where would you say you're at today?" Steve de Shazer argues for defining 0 to when the client the decided to seek help, and not when things were at their worst. I see a number of reasons for this.

If 0 is when they decided that they wanted help and the client answers 0 you can ask *"so what have you done that prevented things from getting worse?"* or *"how come it hasn't gotten worse?"* None of these questions are possible if 0 is defined to when things were at their worst.

Another argument is that if you put 0=worst, this point could be 14 years ago when this or that happened and with such long time intervals it becomes difficult to create meaningful descriptions of what has become better and how this was achieved. It is important to understand that the greatest value of the miracle scale – as of other scales – is to open up the possibility for a **dialogue around differences**.

It's possible to move from the "miracle question" to the "miracle scale"⁵ rather quickly and there are advantages to this⁶. The miracle scale makes it possible to highlight and describe what has already become better and what and how the client did to achieve this. The miracle scale also transforms the miracle from an endpoint to a series of steps – a process where each contains thoughts, emotions, behavior and interaction in the client's life and reality.

When can you ask the miracle scale

The miracle question explores the client's ideas about the wished tomorrow, sometimes moving into next week or next month. Many clients will spontaneously start telling about parts of the miracle that happened one of the last few days. Listen to what verb forms the client is using. It is common for the client to start talking about "... then I will do...". After some time the conversation moves into the present tense "... when I do that he reacts by...". A lot of clients will then move on to past tense "... we had a day like that last Tuesday" or "I have started using my head already sometimes...". The miracle scale thus becomes a logical way to clarify what is already happening of the miracle.

Insoo Kim Berg often introduces the miracle question after having asked, *"When was the last time some of this happened – even a little tiny bit?"* She then listens to the answer, echoes and acknowledges and then asks the miracle scale.

Steve de Shazer once said⁶ that he moves on to the miracle scale when he can "see the miracle". He looks at the ceiling and uses the client's descriptions. When he has the sense that he can see a picture that is built on the concrete stuff the client has described he says: *"so – on a scale...."*

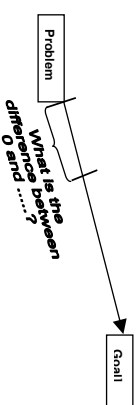
⁵ Moving from the miracle question to the miracle scale is not a very good metaphor since the miracle scale is actually a part of the miracle question.

⁶ Advanced training in Malmo, Sweden 1990.

What's the difference?

It is very unusual for clients to answer 0 to the miracle scale⁷ when the emotions that will accompany the miracle have been experienced in the conversation. The average answer is 3 (see the Handbook of Solution Focused Therapy), but it is in no way uncommon for people to answer 5 or higher. The absolute number is not important. The important is to talk about the difference between 0 and where the client puts himself right now.

So if the client answers 3 we ask: *"Hum... So what is it that tells you that you're at 3 and not at 0?"*



Sometimes we ask already here: *"How did you make that happen?"* or *"What did you do that made that happen?"*. We almost always continue with *"What else tells you that you're at 3?"*

Remember the enormous difference between this question and questions that has to do with how things were at 0. Clients will sometimes (actually quite often) answer as if we had asked what went on when things were at 0 (maybe because that is the question most non solution focused therapists would ask). It's helpful when we interrupt and ask: *"That sounds like when things were at 0?"* and when the client has nodded to this we repeat: *"So what happens at 3 that doesn't happen at 0?"*

The "what else" question is repeated many times. Research from Salamanca, Spain has shown that there is a correlation between better outcome and clients describing that things became better between when they decided to seek help and coming to the first session. The "what else?" is asked so that the client can describe as many things as possible of what has already gotten better before the client came in. The question also helps us slow down. It helps us stay with the things that are already better. It's like building a springboard. The more substance there is below the more springiness there is. There is no reason to hurry. Detailed descriptions help us feel more respect for the clients competence and abilities and helps us get more confident in our knowledge that clients know all they need to know and have all the skills they need to solve their problem.

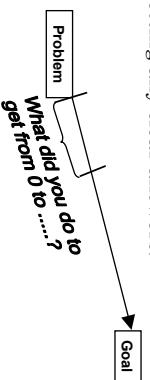
What would other people say?

"So if I asked your boyfriend – where would he say you're at on this scale where 10 is the day after the miracle?" Most clients have clear ideas about what family members and friends think and feel about their situation. The question is of course followed up with questions around what the client thinks that person sees that makes him or her put the client there. (If the "other" people are in the room – which is often the case – they are of course asked directly.)

⁷ It seems that the more experienced the interviewer the rarer it is that clients answer 0. In research studies on this only 0-4% of the clients answer 0.

How did you do it?

It's important in this phase of the conversation to ask questions about "how" the client made things improve. What did he do and how did he get himself to do it. We may have to ask this question a great number of times and often without getting any clear answers.



Many clients have difficulties describing what they did to make things better and it's important to be persistent even if – and maybe particularly if – the client has difficulties answering. The question implies that the client did something.

Things don't get better without a reason. Someone must have done something that was helpful. On a regular basis – when clients' can't figure out what they did that was helpful or that can explain the difference, we suggest to the client that it could be useful if the client kept doing whatever they are doing and paying attention to whatever he and other people are doing that is helpful.

It is important to be curious but it is also important to only be curious. It's easy to fall into the trap of trying to convince the client that the client did something that made a difference. The risk of this is that the therapist becomes more optimistic than the client. Brian Cade has been heard saying that it is important to never ever be more optimistic than your client – because if we are we become like their mother – and we don't want that.

It is impossible not to touch on people's resources and competencies when we insist on talking about what and how people have acted to make things better.

Resources and competence

When we are curious about what it is the client sees as different, when we ask again and again "what else?", the client creates more and detail around what is already happening in his life that he wants to have happen. What makes the descriptions deepen and become more detailed is our stance of appreciative curiosity.

It's been helpful for me to remember the moments when the client and I get into tiny small details of everyday life and I understand the very small, small things that make a difference to this client. It's then that I understand both what the client wants and the client's problem.

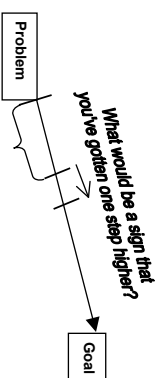
It is then that I get deeply impressed by how the client has succeeded in doing something that I saw as banal only a few minutes ago. This is helpful in that it helps us both keep and develop respect for client and family resourcefulness.

We then move on to exploring what are the differences upwards on the scale.

What is one step higher?

The natural question to ask is "What do you need to do to get one step higher?" We see this again and again in exercises, role-plays and supervision. Once a young man I was seeing answered this question with "... That's your job, that's

why I am here and do you really believe that I would be sitting here if I knew the answer to that question



I apologized and asked him if I could try another question and he nodded: "How will you know that you've gotten one step higher?" He smiled and said, "You're right. That's a question that only I can answer."

When we ask a person how she will notice that she has gotten one step closer to her miracle it's not possible for her to say that we should know that. It's only the client who can know what would be a sign of progress for him or her.

In a discussion with Steve de Shazer in February 2002, Steve said that it is his experience that a lot of people with drug and alcohol problems know what they need to do for things to become better. With these people the question "what do you need to do?" fits and they can answer it with useful answers.

The client answers: "I don't know"

When we know in our heart that clients' know what they want – even if they don't yet know that they know – it's easy not to respond when clients' answer, "I don't know". With a bit of training and self-discipline one can learn to act as if the client said "I don't know yet – give me some time to think", maybe lift the pen to paper and just keep waiting without nodding or saying, "huh". It is hard work to learn though. It can be useful to look at tapes of when one didn't wait. It becomes apparent when one does this that it's very easy to "steal the client's voice".

The client answers with the 10

When we've asked, "what would be a sign that you've gotten one step higher?" it is extremely common that clients answer with descriptions of what would be 10 on the scale. It is so common that we have made it a habit to ask, "That sounds like a 10? or "Wouldn't that be 10?" or "That sounds much bigger than 3?" and it's very common for clients to acknowledge this "Yes, it is" so we then move on with "So – what would be a tiny little sign? or "what would be the tiniest little thing that was different that told you it was one step higher?"

It's oftentimes easier for people to look at themselves from the outside so a useful question is often: "What would be the smallest thing that your children would notice that would make them think it's one step higher?"

It's easier to describe big steps than small. The risk with big steps is that they become too difficult or even impossible, thus increasing desperation so we work hard to get the client to describe small steps. In a number of sessions I see that after the client has worked real hard at getting to a really small step the therapist says: "Great – and what would be something even smaller?" and it's not uncommon for that process to be repeated.

Follow-up questions around **how people around you notices "one step higher"** help clarify and create details in the descriptions that makes them closer to reality and more doable.

Should the client insist that what he has described is one step higher and not more, we accept that. We will then ask for details around what would be 2 and 3

steps higher. Sometimes we will go through all the steps up to 10 creating a sort of ladder of how progress will be noticed by the client and his network.

What else

“What else?” is such an important question that we want to remind the reader about it once again. When people in supervision show us tapes of their work and we ask them what they would have needed to do differently to get one step higher in how satisfied they are with what they have shown us, one of the most frequent answers is “*More details.*”

Details aren’t created automatically. You only get them if you listen actively and ask for more. Evan George, Harvey Ratner, Chris Iveson and Yasmin Ajmal (Brief Therapy Practice i London) says that it’s only when you’ve gotten to the fourth or fifth “what else” that you get to real useful answers.

So – when you ask scaling questions and have a client who is at 3 and you’ve asked the client 4 times what else would be a sign that he has gotten to 4, and you feel that it’s absolutely impossible to ask “what else” one more time – that’s when you ask the question again “*What else would be sign for you that you’ve gotten to 4?*”

The client answers 0

We are often asked: “So – what do I do if the client answers 0?”

If you have defined 0 as “when the client decided that he wanted help” you can ask what the client has done that prevented things from getting worse. In the ensuing conversation the client will sometimes tell you that **things stopped deteriorating** after the client decided to seek help. Time can then be spent figuring out the client did that was helpful.

You can also ask how the client managed to get to your office (or out of bed) – or how he has managed to not kill himself – or – if you’re talking to a mother – how she manages to cook for her children. All questions around coping can be useful in this situation.

Occasionally it is impossible to create a sense that things are moving in the right direction – or even that things stopped moving in the wrong direction. We then set up a “hope-scale”: “*If 10 means that you have all the hope in the world that things will get better in the future and 0 means no hope at all. Where are you on that scale?*”

Rita was at 0 on the miracle scale and when asked the hope-scale she answered 0. The therapist answered “*But that’s terrible*”, and Rita nodded as an answer. Some seconds passed by and then the therapist said “*No hope – but what are you doing here?*” She looked momentarily confused and then answered, “*I have to try*”. When I asked her why she had to try she told me that it was because she had no alternative. The only other option was to kill herself and she didn’t want that and besides it was forbidden by her religion and “*If I try, maybe I’ll get some hope*”. I asked her what else made her want to try and after several more answers I asked her how important it was on a scale where 10 stood for the most important of all. She answered 100. I then asked her how much effort she was prepared to put into it and she answered “*One million*”.

^s Without hope you don’t seek help.

Facts of life

Rita’s miracle was very detailed and was about big experiences from small things. Like being able to take pleasure in the smell of a flower and good food, working harder in school and be nicer towards parents and siblings. She was 15 years old and described these things in great detail with gestures and smiles that made me think that she was experiencing “the miracle” during the conversation.

She answered 0 on the miracle scale and 0 on the hope-scale and she explained to me that it was impossible for her to ever get to the “miracle” because those things she could only feel when she visited her home country. To her the smells and the feelings were connected with desert and sand and draught and small houses with people sitting together and being together in ways that I didn’t understand. She knew what she was talking about though – she was home at least once a year.

At the third session she had had moments at 3 on the miracle scale and she felt a little bit better and she had a little bit more hope that things could be better and she returned to her longing for her home country and the misery in never being able to get what she missed from there.

I asked her how high she thought it was possible for her to get in Sweden and she reflected for a long time before answering 5. “*Painstaking*”, I said – “*you’re already more than halfway*” – and she smiled a bit surprised and then delighted. She stopped coming when she was at 6 and had moments at 8 and 9. I never reminded her that she had gotten higher than she had thought possible. She never brought it up again.

Thanks to Yvonne Dolan and Joel Simon