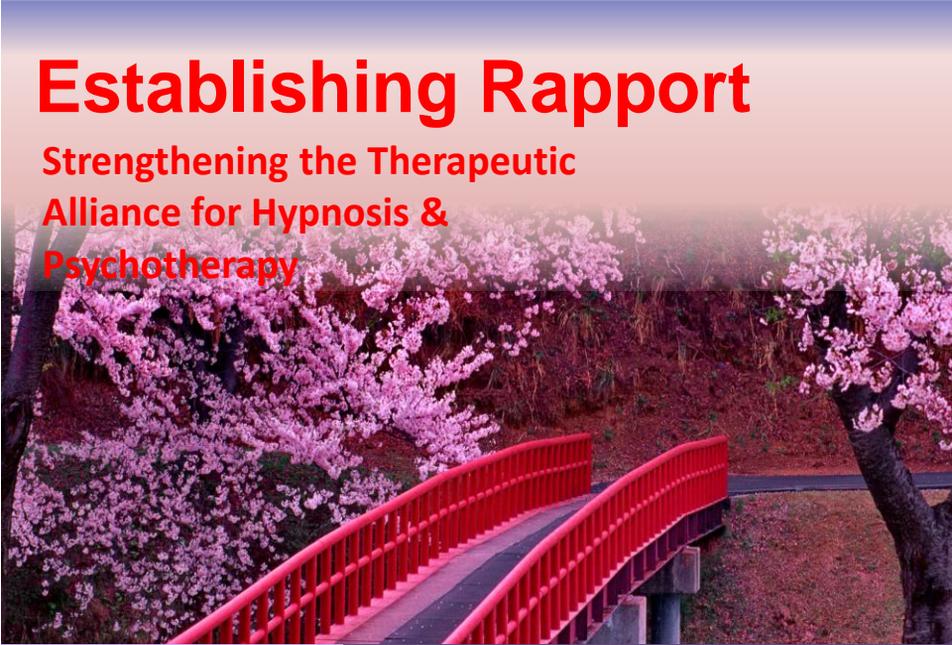


Establishing Rapport

Strengthening the Therapeutic Alliance for Hypnosis & Psychotherapy



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Rhythmic



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Synchronized

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Close

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異体同心

“Different body, same mind.”



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Rapport in Hypnosis

- Rapport is like a sacred bridge connecting two people.
- This special closeness is made possible by rhythm and harmony of thought and action.
- It is a coordination of movement so that gestures, posture, and even breath become synchronized (i.e., motor mimicry).
- It is the expansion of “me” to include the subject of rapport.
- It is an attunement of emotion, so that what is felt by one is also felt by the other.
- It is a narrowing down of interests and attention so that the words of the hypnotist become more compelling than anything else in the immediate environment.



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Relationships Require Harmony

- When Prince Shotoku Taishi issued Japan's first constitution (604 AD), he decreed in Article 1 that *wa* is to occupy a premier place in the people's value system. Since that time, Japanese have strived to achieve peaceful unity and conformity within their society.
- Even in martial arts, such as Aikido, *wa* is still a primary value.
- For a group to prosper, its members must place great emphasis on loyalty, cooperation and trust.
- In Ericksonian therapy, harmony is achieved without dependence on protocol (*kata*). This special ability requires knowledge of social complementarity.



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Compatibility: Goodness of Fit



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Compatibility in Diversity

- Complementarity: A relationship, or situation, in which different things improve or emphasize each other's qualities (i.e., they are a good match because they are different).
- Complementarity is an unspoken understanding between individuals on how to respond to one another, resulting in greater comfort, satisfaction, and sustainability.
- The more complementary interactions there are in therapy, the more committed each becomes to a relationship aimed at achieving clinical objectives.
 - For one person to receive, there must be someone to give, this is what we call “a *give & take relationship*.”
 - For someone to lead, there must be someone to follow.



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Patients who Struggle in Society

- Therapists become an ally for those who are unable to follow society's ways of thinking and acting (*kata*). With many patients, harmony cannot be achieved by following a therapeutic protocol or formula.
- Metaphorically, a musician can harmonize with a piano that is out of tune, but he must be willing to retune his own instrument to match the notes of the broken piano.
- If you fail to create harmony with the patient, your suggestions are less likely to be effective.



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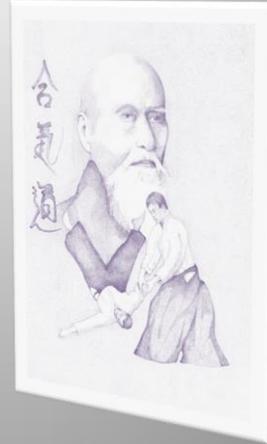
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合気道

“the way of harmonious spirit”

“To injure an opponent is to injure yourself. To control aggression without inflicting injury is the Art of Peace.”

Morihei Ueshiba



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Pacing & Leading

- Harmony is not a one-sided endeavor. Therapy requires more than conformity to the disposition of the patient. But that is where the connection begins. **Therapeutic engagement begins with “pacing.”**
- After having blended with the natural action of the patient, the therapist can start to lead the interactions. **“Leading” begins once it is certain that the patient will follow.**
- Example: Pacing suggestions with the patient’s natural breathing, then suggesting a slower rate.
- This should be tested. If, when you lead, the patient follows, then you can continue to lead. If not, then go back to pacing.



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Tell me how many flowers are in the Valley.



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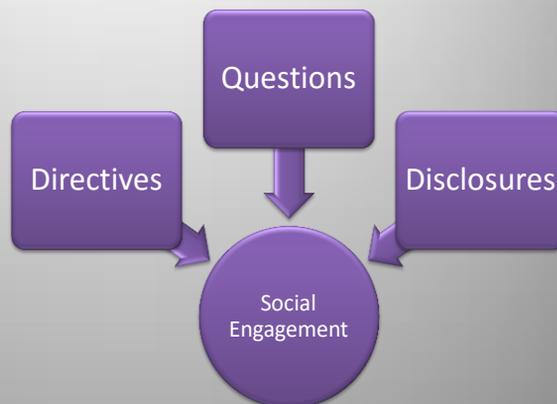
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All Social Engagement Serves a Purpose

There is no random action.

Once the general purpose behind a statement is understood, then better harmony can be achieved.



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The Natural Progression of Relationships

One does not tell a complete stranger what to do, nor do you share deep personal secrets. This is because you do not know who they are and they do not know who you are. So the relationship begins with polite questions.

Questions

When the relationship is new, there are many questions to ask.

Disclosures

The longer you know someone, the more important self-disclosure becomes. Harmony is more likely if there are shared beliefs.

Directives

In a mature, healthy relationship, both people feel able to state their needs, dominance passes back and forth, depending on the subject matter. Boldness emerges without fear or conflict.



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Rapid Alliance Formation

- A skillful therapist knows how to speed up this process so that intimacy, which would normally require two or more years to develop, can occur within the first 60 minutes of contact.
 - This speed allows greater progress, a patient may remark, “I have never told anyone this before.”
 - This speed makes the relationship more complex. It is not enough to use traditional social rules.
 - A good indicator of rapid alliance formation is the patient’s willingness to tell you what he or she needs from you. If you respond incorrectly, the patient is not likely to continue with therapy.



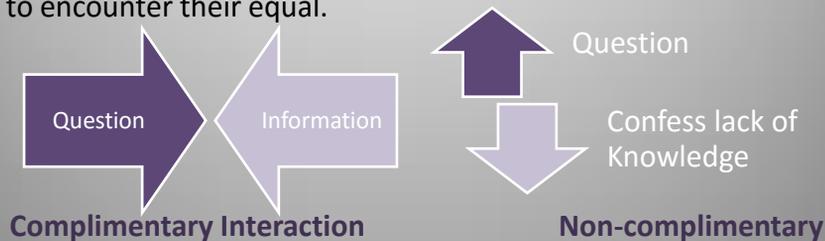
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Questions

- **Question:** Any attempt to reduce doubt or confusion by collecting information. It's function is to enable us to better predict the future by learning patterns, discovering intention, or ruling-out deceit (e.g., "Why are you doing this?").
- **The complementary response to a question is to provide information.** When seeking out an expert, people do not want to encounter their equal.



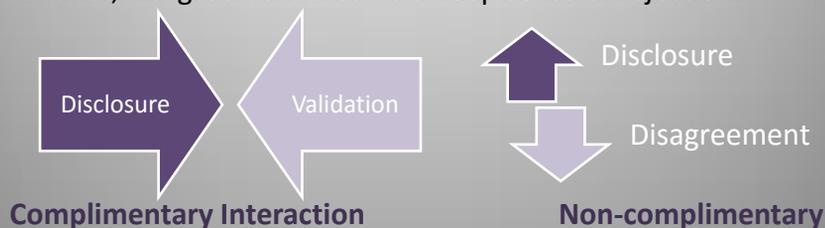
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Disclosures

- **Disclosure:** Any time a person declares a belief, opinion, intention, preference, memory, or feeling. It's function is to establish mutual experience and shared identity (e.g., "We are of the same mind.").
- Complementarity with disclosures requires validation. In contrast, disagreement creates a deep sense of rejection.



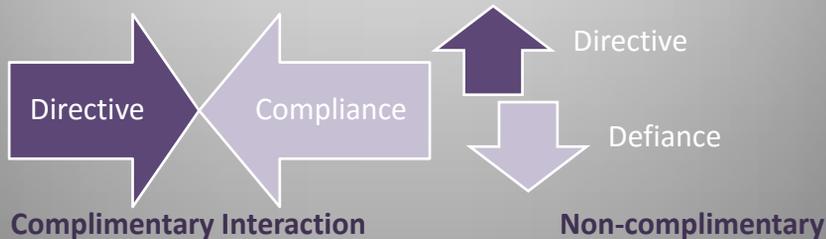
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Directives

- **Directive:** Any instruction on how to act, it may come as a polite request or a stern command. It's function is to organize or coordinate mutual activity. (e.g., "What is your name?")
- Complementarity with directives requires compliance. Failure to respond tends to escalate fear and efforts to control.



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The Therapist's Responsibility

- The therapist must be a master of harmony relationships. For this, you must know how to achieve complementarity in all three domains.
- Patients may resist your instructions, give dishonest answers to questions, or disagree with expert opinion. They lack social unity and harmony, it is why they need someone who is skillful at relationships.
- In traditional society, failure to harmonize with the needs of the superior is the failure of the subordinate. In Ericksonian therapy, this is reversed. It is the responsibility of the therapist to make the relationship work.



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Analyzing Interactions

- During every verbal exchange, I silently ask myself, “Is this a question, a disclosure, or a directive?” Then I choose a complementary response.
- With direct communication, the answer is obvious. But patients often communicate indirectly, without clarity.
 - Indirect question: “You probably get tired of listening to other people’s problems, all day long.”
 - Indirect disclosure: “I have a friend who has cheated on her marriage. She feels great shame.”
 - Indirect directive: “My boyfriend is always telling me what to do and think. I am tired of listening to other people.”



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What is my Future?



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Having an Answer for Every Question

QUESTIONS

Milton Erickson, "Sometimes the patient needs you to be God. They expect you to have all the answers." (A statement recalled by Bert Erickson)

- A skeleton key is a means of answering questions, even when you do not know the answer.
- Skeleton Key 1: "***The answer you need is within you. We will use hypnosis so that your unconscious mind can give you that answer.***" or "Tell me your answer for that question."
- Skeleton Key 2: "***After we conduct this experiment, you will have the answers you seek...***"
- Skeleton Key 3: "***I can tell you what is generally true of people, what has been established in research.***"



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What are Your Intentions?

QUESTIONS

- During hypnotherapy, the therapist is in a position of power, while the patient is exposed and vulnerable. The universal question under such circumstances is, "What are your intentions?"
- For trust to develop, the patient must determine that your intentions are in his/her best interest. Always be mindful of this primary question.
 - Erickson, "The best technique is to have a worthy cause."
 - Patient, "What will happen during hypnosis?"
 - Therapist, "I will offer suggestions that support your treatment goals."



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Is the Patient Asking a Question?

QUESTIONS

Erickson, *"A common mistake in psychotherapy is to give a patient direction without recognizing there have to be doubts."* (1976, p. 216)

- It is offensive to give advice to someone who is not asking for advice.
- If the patient asks, "What do I do?" answer with some form of direction, but pause first. If the patient keeps talking, or answers his own question, then it was not a true question. Sometimes ambivalence is expressed as a question, but it is not an invitation for advice or direction.



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Honoring the "third face"

We have 3 faces.

The first face you show the world.

The second face you show close friends and family.

The third face, which is almost always hidden, is the truest reflection of who you are.



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DISCLOSURES

Assumed Similarity

- There will be many things the patient never tells you about herself. If she assumes that your unspoken self is the same as hers, she will more readily form a deep connection.
- Satisfied spouses tend to believe that their partners possess traits, values, and day-to-day feelings that mirror their own. Less-satisfied spouses, see little of themselves or their experiences in their partners.
- Perceived similarity increases satisfaction and the long-term sustainability of relationships, with fewer disagreements, less conflict, and a greater sense of safety.



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DISCLOSURES

Validating the patient's Beliefs

“When you understand how man really defends his intellectual ideas and how emotional he gets about it, you should realize that the first thing in psychotherapy is not to try to compel him to change his ideation; rather, *you go along with it and change it in a gradual fashion and create situations wherein he himself willingly changes his thinking.*”

Milton Erickson, 1977



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Working within the Patient's Logic

- Verification of the patient's established belief system is crucial during the early stages of the relationship.
- New information coming from the therapist should initially be delivered within the context of the patient's existing reality orientation.
- Verification of core beliefs is essential to relational sustainability, thus the therapist's approach should fit the patient's values, beliefs, and perceptions of what is most helpful.
- **Validating patient's beliefs: Treating the subjective meaning of words as reality and working within the patient's system of logic.**



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Affect Attunement

- Affect attunement is the need for emotional connectedness amongst others.
- Accurate emotional communication, which usually occurs spontaneously and outside of awareness, appears to be a characteristic of satisfying close relationships.
- Inaccurate decoding of the partner's affective state appears to be one of the hallmarks of distressed relationships.
- Narrative dialogue is how we experience what others have experienced, knowing key parts of the life story of another individual deepens the connection at many levels.



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The Therapist's Expression of Emotion

"Weep with those who weep. Rejoice with those who rejoice."

- **Affect attunement: Respond with an emotional tone that matches the patient's.**
- The patient's affect is not mimicked but rather a shared emotional experience is used to generate greater understanding and increased opportunity for collaboration.
- Those more capable of recognizing various types of emotional distress are better able to make sense of the behavior of others, and more likely to respond with empathy, kindness, and helping behavior.
- Scientists have observed that depressed people prefer other depressed partners to nondepressed partners.



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Self-Concept

- Low self-esteem patients avoid therapists who use too much praise, while high self-esteem patients avoid therapists who seem overly critical.
- High SE: less likely to seek help if it is believed to reflect negatively on important self-attributes. Anticipated approval is affirming.
- Low SE: after an important performance, will seek out negative evaluations of their work. Anticipated criticism is affirming.
- **Validating Self-concept: Being critical of the parts of self which the patient despises, and approving of the parts of self which the patient likes.**



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DISCLOSURES

Solicit Feedback

- Before/During/After therapy request disclosure about the therapy process:
 - “I want to know what you think will work best for you.”
 - “Please tell me if any part of this is uncomfortable for you.”
 - “How did the session feel?”



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Organized Behavior



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Orchestrating Therapy

DIRECTIVES

- **When the patient is uncertain, take the lead.**
- **When the patient is convinced of something, follow his lead.**
- **When the patient is ambivalent about something, both lead and follow.**



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The Role of the Dominant Person is to Provide Directives

DIRECTIVES

- Untrained individuals quickly determine who is dominant and who is submissive in as little as 33 milliseconds of exposure using facial cues
- Individuals with equal displays of dominance or submission repel rather than attract, due to a lack of complementarity. This is determined nonverbally, in as little as 10 seconds.
- This discomfort may not be conceptually realized by the patient yet it will effect patient trust, self-disclosure, and readiness to continue treatment



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Submitting to the Patient

DIRECTIVES

- Whenever the patient is fearful, it is a mistake to bully him or her into doing something that feels unsafe. This may result in severe trauma.
 - Seek an invitation before acting, “I can use hypnosis if you feel ready.”
- When a patient is motivated by kindness to do something dominate, it is helpful to the relationship if you submit (accept the kindness).
- Some people are only comfortable if they feel in control of the conversation. If you submit to their directives, they are committed by the principle of reciprocity to do the same for you.
 - “I listened to everything you had to say. Now it is my turn to talk and your turn to listen.”



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Directives are Productive (Attacks are Not)

DIRECTIVES

- If the patient says in an angry tone, “Do the world a favor and find a new career,” then that is viewed as an attack, rather than a directive. Directives are meant to organize constructive activity. Attacks are meant to weaken or destroy the target.
- In contrast to directives, most verbal attacks can be ignored, or reframed into either a question or a directive. Below, an attack is converted to a directive:
 - patient, “Are you expecting me to pay for this! I don’t think anything useful was accomplished.”
 - Therapist, “You are telling me that you want to make progress in therapy. But it is going to require me saying some things that you are not going to like. Do I have your permission to tell you those things?”

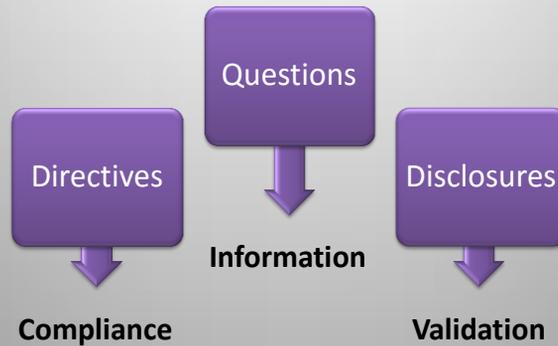


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Name the Response that is Most Likely to Produce Harmony



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Breakaway Groups

- Gather together with 5 individuals in each group.
- Take turns being a patient. The patient must challenge the group by:
 - giving a directive that should like a question or disclosure.
 - Or, ask a question that sounds like a directive or disclosure.
 - Or disclose something but in a way that is not obvious.
- The group is to vote, try to decide which it is and what you be a complimentary response.
- The next person takes his/her turn so that everyone gets a chance to be the patient.



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