



DEVELOPING COOPERATION WITH TRUST-CHALLENGED CLIENTS IN PREPARATION FOR HYPNOTIC PSYCHOTHERAPY

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Hypnotic psychotherapy offers an effective approach to helping psychotherapy clients resolve their symptoms and underlying problem(s) in a rapid and efficient manner by circumventing neurotic conscious mind sets. The trance state allows the client to be receptive and responsive to therapeutic ideas. In order for the client to learn to go into hypnotic trances they need to be able to cooperate with the therapist. Trust-challenged clients come to therapy fearful of cooperating- a symptom of their problem. This article will describe ways of approaching trust-challenged clients in a manner that allows them to learn to go into hypnotic trances and benefit from hypnotic psychotherapy. Having once been hypnotized, like other clients, trust-challenged clients promptly get the feeling that they can trust the therapist. Accordingly, their motivation to take action regarding their problem is greatly enhanced.

In the author's view, the trust-challenged client does not enter therapy emotionally prepared or organized to experience hypnosis. Paradoxically, while these clients can often benefit greatly from trance work, their deep

seated difficulty in trusting others leaves them severely limited in their ability to cooperate. Despite their often desperate attempts to receive help, their learned limitations prevent them from cooperating in a manner necessary for learning and experiencing hypnosis. Consequently, they often drop out of treatment more discouraged than when they first arrived. Developing a rapport with these clients in the first few sessions helps them prepare emotionally for the hypnotic experience and psychotherapy in general.

Over the past thirty five years, the author has encountered his share of trust-challenged psychotherapy clients. Underlying this approach is the idea that these clients, in particular, need to **feel that they are accepted and believed**. Generally speaking, this is achieved by accepting *every one of their statements* until they begin to **get the feeling that the therapist thinks and believes as they do**.

Accepting and believing: Psychotherapists can often find themselves in a false dilemma regarding their approach to their clients. The common and unspoken



assumption on the part of *both client and therapist* is that the therapist's job is to impart, if not instill, the correct values, behaviors and ideas, thereby directing and correcting his or her clients' wrong ideas and behaviors. In practice, such an assumption is particularly ill-suited for the trust-challenged client who often presents ideas and behaviors which are clearly self-defeating. Imposing this assumption can result in premature termination with the client feeling judged and unaccepted, as well as resentful. Consequently, their mistrustful ideas are reinforced and they are unlikely to seek help in the future.

The author's approach assumes that **the client does not need the therapist's values nor do clients need the therapist to give them a direction.** Instead, clients need the **motivation** to reorganize and alter their problematic symptoms and behavior. By positioning one's self in an accepting posture, the therapist is continuously inviting his or her client to feel safe in a client-oriented environment where the client is most likely to begin to develop the self-confidence necessary to successfully correcting their problem(s). By accepting every one of his client's statement, the therapist does not compromise his or her role or integrity in the relationship because the goal of therapy should always be in relation to the client's needs and not the therapist's authority. If, by believing that the therapist thinks and believes as they do, clients more quickly meet their own needs and correct their problem, then good therapy has taken place. Good and early results are much more likely to take place when

the therapist is in a good position to present ideas to the client in a direction and a manner that the client can easily accept. With these new ideas openly received by a more confident and motivated client, good results will be forthcoming.

Mimicking and Mirroring: In practice, "**accepting and believing**" takes place at both the verbal and non-verbal levels simultaneously. At the non-verbal level the therapist's task is to mirror or mimic the client's body positions. Mimicking or imitation is one of the most fundamental forms of learning for humans and other primates. Humans have also learned over time that imitation is flattering and, as such, is probably an unconscious learning strategy recognized and accepted by most people. When the therapist performs mirroring or mimicking, he or she should be mindful not to risk the client feeling mocked or offended in any way. In order to avoid this, the therapist should take his or her time and be casual when changing body positions in response to their client. For example, if the client is leaning to the left, with their left leg crossed over their right leg, the therapist casually assumes the same posture. When the client changes positions, so casually does the therapist but after a reasonable delay. If the client touches some part of their body or face, the therapist can do the same, but again, casually and with a slight delay. The mimicking does not need to be exact, in fact, the therapist should mimic in a manner that comes across in a warm, authentic and believable manner so that, should the client suspect something, the chance



of rupturing the rapport is minimized. Performed in this manner, mimicking has been shown to encourage cooperation.¹

To complete this non-verbal mirroring concert, the therapist can also breathe at the same rate as the client. Breathing with the client takes time to develop because when the client is talking and the therapist is not, breathing rhythms differ greatly. However, when the client is listening or both client and therapist are not talking, with a little practice, the therapist can learn to closely match the client's rhythm. Later on, if hypnosis is used in the therapy, breathing with the client creates an even closer bond and can be used, when necessary, by the therapist to imperceptively slow the client's breathing when and if the therapist wants to reduce anxiety and create calmness and help the client return to a feeling of safety.

While this non-verbal mirroring or mimicking process is going on "down below" and in the background, the therapist can take hand written, verbatim notes of the client's statements. During the first couple of psychotherapy sessions the therapist can read back to the client what he or she has just finished saying. Like mimicking body language, reciting back what a client has just said also elicits cooperation. It also gives the client the feeling that what they are saying is important to the therapist. Also, by asking for examples of what the client is relating (i.e. "do you remember that happening at any other time in your life?") or "give

me more examples", also elicits a cooperative attitude. Whenever the therapist either recites the client's statements or asks for further examples, the attitude needs to be one in which the therapist's motive is to better understand the client's feelings or thinking. In the same vein, the author has developed a comfort in offering personal examples in an effort to offer proof of his understanding, as well as to introduce therapeutic ideas. The author has found that even if the client isn't fully satisfied with the therapist's personal comparison or, in some cases, outright rejects it, cooperation is none-the-less furthered, provided the therapist quickly offers a retracting statement which acknowledges the difference between their two experiences. Watching good friends talk and interact illustrates this idea well. Good friends can interrupt each other and even talk over each other without offending each other, as long as they both continue to feel that they are believed and accepted. Some trust-challenged clients will become concerned and ask what the therapist is writing down and why they are writing things down. The therapist can offer an explanation that by writing down verbatim what the client is saying, later on, after the client leaves and before the next session, the therapist can reread again how the client said something so they can refresh their memory and get back into the client's mind set. Where in life does that happen outside of a court of law? In due course, the client begins to get the feeling that what they say and feel is important to the therapist and that the therapist seems determined to "get it right". It



has been the author's experience that when clients are approached in this manner, after one or two ninety minute sessions, clients often return reporting that they are feeling more comfortable in therapy and begin to show signs that they like the therapist. This may include the client showing an interest in the therapist's situation, i.e. something changed in the office, a haircut or something else that therapist may have shared about themselves.

In hypnosis you use a much different kind of thinking and a different kind of behavior than in the ordinary waking state. You use the client's vast storehouse of ideas, memories, visual image-memories; auditory memories, olfactory and tactile memories. You use them in the same way you use concrete objects in the ordinary waking state. In trance, the client is responsive to ideas that allow them to pay attention to only certain aspects of their experience thereby allowing them to focus on relevant ideas and experiences and not distracted by the irrelevant ideas and experiences that leave them mired in their problem(s). For example, in the waking state, an object like a flower requires a "real" flower to exist in the immediate environment in order to be real for the client. In the trance state, the client can use their own memories of a flower which can subsequently be modified or abstracted for therapeutic purposes.

The psychotherapy client seeks help because of their symptoms-both psychological and physiological. While

they can identify their symptoms, they don't understand the nature and origin of their underlying problem(s). One self-limiting consequence of their underlying problem(s) is often their struggle to trust and thereby accept corrective ideas. Before they can begin to utilize the therapist's ideas, they first need to feel that they are accepted and believed by the therapist. Once they believe that the therapist thinks and believes as they do, they can increasingly accept the therapist's ideas and begin to make meaningful progress.

There are several underlying assumptions inherent in the author's approach to his trust-challenged clients. First, the author assumes that when any client comes to therapy, they arrive with both their conscious and unconscious minds present and available to listen. Secondly, hypnosis helps to establish good rapport between therapist and client. Having once been hypnotized, the client promptly gets the feeling that they can trust the therapist. The rapport building process can be seen as a process during which the client is given the opportunity to make progress in learning to cooperate and become increasingly willing to share their own thoughts and concerns.

Accepting and believing: Psychotherapists often find themselves in a dilemma in their approach to their clients. The common assumption on the part of **both client and therapist** is that the therapist's job is to impart, if not instill, the correct values and behaviors and thereby correct his or her clients wrong ideas and behaviors. In practice, such an approach is particularly



ill-suited with a trust-challenged client who may present ideas and behaviors which are clearly self-defeating. The temptation is for the therapist to point out to their clients their incorrect thoughts and behaviors and then provide more appropriate ones. With trust-challenged clients this will most likely end in premature termination. More importantly, the client will terminate feeling judged and unacceptable, as well as resentful. Thereafter, they may assume that whomever else they seek help from will likewise judge them and their tendency is then to avoid seeking help in the future. The author's approach, which emerged over 35 years of practice, assumes that the client does not need the therapist's values nor do clients need be told how to behave. Clients are seeking help for a problem, which, if they understood it, would have self-corrected to some degree or another and they'd feel no need to seek help. By positioning one's self with an accepting posture, the therapist is continuously inviting his or her client to feel safe and, consequently, to begin to develop the confidence that they are going to be successful in correcting their problem(s). The therapist does not compromise his or her role in the relationship if the client comes to believe that the therapist thinks and believes as they do. To the contrary, it places the therapist in a far better position to begin to present ideas in a direction that will eventually meet their clients' needs, i.e. to correct their problem(s).

The hypnotic trance allows for a distinctive learning environment in which the client's receptivity and

responsiveness to therapeutic ideas is greatly enhanced. Hypnosis also helps to establish good rapport between therapist and client. Having once been hypnotized, the client promptly gets the feeling that they can trust the therapist. Accordingly, the client's motivation to take action in regard to things they feel they have always wanted and needed to do, is greatly improved.

Reference:

Robin Tanner and Tanya Chartrand, Duke University; "You Remind Me of Me", [BENEDICT CAREY](#), New York Times, February 12, 2008; Rick van Baaren Ph.D. Nijmegen University, Netherlands,