Demonstrating Interest and Demonstrating Understanding
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Demonstrating interest and demonstrating understanding are at the heart of creating a connection and form the first two steps of an RRT session. I'll start with some of the preliminary considerations and realities that form a foundation for the two steps.

From the first you want to watch your participant. From the moment they sit across from you, be on the lookout for what is going on for them. Are there tears forming behind their eyes, a stiffness or flatness in their face or voice tone; how far away do they sit and how far back into their chair do they recline? We are all trained to notice these features, but unlike other therapies, in RRT we do not comment on body language or anything that would increase self-consciousness and hurt the connection. Just take in the information silently. I think of this as my first baseline, to measure what effect I’m having as I go along.

The question that starts the session is some version of: “I’m interested in what you would like our meeting to attend to or accomplish?”

If the participant has come in because it’s somebody’s else’s idea or has read or heard that they must have some kind of feeling, problem, or issue, Jon will slow the session right here and probe for the participant’s actual experience, their own hopes, goals, etc. We don’t necessarily follow what other therapists might see as a next treatment step and participants may come in with preconceived, erroneous ideas about treatment. Or they may have no definite idea whatsoever of why they are there or what they want to accomplish. In any case, Jon conveys greater respect by giving room for the person to see if there has been something that has been affecting mind and allow room to try to articulate it for themselves. He is not necessarily constrained to follow what the participant then says, but the participant will surely get the message that Jon is interested in his or her unique experience as a person. And them getting the experience of being cared for like that right now in the session what we’re after.

In the first few moments, combining what you see and notice with what they say, you form a target in your mind for how you want them to leave the session. Forming a target early matters because we don’t want to swing wildly or mindlessly in just any direction with our words any more than a sculptor would swing at the rock with his hammer without first forming an image of what he desired. Instead, we want all our words to be causing the effect we have in mind and moving the person toward a better state of health. We stand a lot better chance of getting there with a target in mind. We keep our target open to refinement as more information pours in. Our words are like a sculptor’s choice of type of hammer or chisel size. We should always be able to answer the question, “Why did I just ask or say that--what was the effect I had in mind?”

At times the participant may not have to even speak very much or have any clear notion of a goal for you to form your target. Jon has reminded us anyone who grew up in this culture has likely been affected by moralism. Almost everyone you see is still being
affected by past events that are still casting a shadow. Others by some form of stuckness—thinking from negation, disappearing present, introspection, identity as pathology, etc. It is worth clearing any of these. Jon will listen for forms of stuckness and/or unworkable targets the participant has chosen (e.g., having more “self-esteem” or chasing “self-confidence”) and usually steers them toward a better target he has in mind. Targets may line up in a natural order. For instance, you may focus on clearing drug cravings in one session with a participant in recovery and attend to busting ghosts from their past abuse in a subsequent session. Which target to choose? In general, it’s the one most salient or relevant to the participant’s immediate well-being, but, again, we don’t have to assume they will have it clearly in their mind. That’s our responsibility.

As the participant answers our opening question, we start to demonstrate interest. An appropriate response that does this is “I want to understand”, said with a pause and as an invitation. This usually fits well because almost no one can say in a sentence or two all of what has been bothering them. It invites the person to go on and add what could be crucial information. It also demonstrates your sincere interest. Jon will even go so far as to state he doesn’t want to try to understand someone else through the lens of his own life experience, but thinks a better place to start is to listen to how they put it. I have always found participants appreciative of this. Other “legal” questions such as “What have I missed?” and “What else should I know to assist you with this?” serve this purpose as well.

We do not ask questions out of clinical curiosity or just to fill out a biopsychosocial history. The participant experiences this as leaving what they just told you and asking about stuff that is of more interest to you. You may ask for a little background info you’ll find relevant to getting an accurate picture of the person’s situation which will enhance your target, but this is usually kept to a bare minimum—only that which further clarifies the target. A couple well placed questions about work, school, or current endeavors will round out your picture and tell you about their strengths. If the participant tells of hard experiences already lived through, these likewise provide a potential gold mine for feeding back strengths or utilizing later in some of our interventions. For instance, a time of accomplishment or productivity can be used as a platform from which to have the participant stand and look back on a younger, struggling self. It is a worse outcome to stumble ahead with the wrong picture or with the client sitting in silent doubt about our “getting them”, so if you need more info, go ahead and err on the side of asking for it.

When we go to demonstrate understanding, our words must do the following:

a. avoid disagreement and, ideally, hit the heart of the matter
b. must not be poisonous or make the participant worse
c. must speak directly to the subconscious
d. must match emotional tone appropriate to the subject matter
e. must provide uplift
f. must move the participant along
This is a tricky list and takes a lot of practice to pull off all at once and makes our method different from almost every other form of intervention. We are balancing accuracy (a) with all the rest (b-f). For instance, (f) requires more than a simple reflection. An accurate reflection, as most counselors would do it, will not cause disagreement, but leaves the participant essentially in the same place. But if we add “and you’re looking to move forward with this”, or something like it, the participant gets the sense of optimism and momentum at hand, and that we’re going to get something done. Similarly, a brief, solution-focused therapist might hear a participant’s opening statement and ask, “How will you know or what will it feel like when you’ve gotten (insert issue) working better?” The participant could give a picture of improvement or simply say “I’d be feeling better”, but inside be feeling let down, like they are far from better or that the counselor just missed the emotional pain and tone of their message (d).

Jon has taught us many ways to execute a-f, like the wedge, the invisible tense change, recognizing strengths, putting the positive last, etc. Stepping back, we realize there were so many ways of talking about problems that were drilled into us in our prior training that actually locate identity with pathology. We strive to avoid saying anything that puts responsibility for the problem onto the participant or puts it into their identity by making it about them. Sometimes the negative effect of a commonly accepted phrase or word (that seems innocuous) is very subtle, and like the Trojan Horse of old, carries in the enemy--negative meanings we didn’t intend, but which the participant’s subconscious picks up, nonetheless. We want to do the opposite of what most of our colleagues do--we want to protect identity and provide uplift. A table of these negative phrases and alternatives to them is available in the basic manual.

The connection is either being enhanced or being damaged from the very first moments of the session. An RRT therapist is well aware of that and keeps a keen, weather eye on it at all times. We use demonstrating interest and demonstrating understanding as the first two steps to get connection underway. Keep watching your participant. At any hesitation, pause, downturn of features, holding of breath, increase of silence or return to superficial responding, don’t be afraid to go back and clarify understandings or choose different wording. It will salvage the connection. Invite them to tweak or tune up of what you just said. Participants don’t mind a few misses if you keep showing your respect and desire to understand.

Whether or not we step into this sacred space is actually not a choice. Participants are good hypnotists and they present life predicaments that can be as riveting as any movie in their drama and pathos. They are there because they have lost their way. We don’t want to be the one being hypnotized, lost along with them. Get your target early and keep it in mind as you go along and keep watching your participant for the effect you are having.

At a recent Level III, Jon used three separate sessions to give us practice with this stage of the model. Everybody seems to struggle with it. I’ve noticed my own tendency is to sometimes jump forward into the next stage of the method without first letting the participant know I’ve heard what they took the trouble to say to me, even though I
internally registered it. I’m learning that in these first opening moments it’s crucial to stay very close to what the person conveyed, because the alliance is fragile and the connection is still forming. Once it is formed, all the rest flows much more easily and works to the participant’s benefit. A strong connection is the magnet that we use to get them into the light with their mind cleared.

I finish by saying I’ve distilled here what I’ve heard Jon say consistently over the course of several trainings and teleconferences throughout 2011-2012. I’ve drawn it together in the hopes it will solidify some things for my fellow RRT’ers and accelerate the learning of the newer folks as we all become more and more skilled at using this amazing method.