

The Importance of Finding Agreement Within The Critical Faculty

As Solution Focused Therapists we should consider the importance of engaging with our clients conscious critical faculty (CCF) for several reasons. Three general reasons might be:

- To build believability – explaining the process of SFH during our initial consultation provides understanding and gives the therapy worth.
- To build Rapport – if someone believes in our therapy, then hopefully it follows that we can encourage them to believe in us.
- To build enthusiasm – if our client believes they can succeed with SFH they are more likely to engage with the process.

However, as a *hypnotist* we might also choose to consider the following, often overlooked reasons:

- To provide a *reason* for what we do in trance & how we do it – we can anchor a suggestion that $A + B = C$ (e.g. Laying back on the couch + closing your eyes = change in thinking patterns).
- To discover pre-existing notions of hypnosis – this is very important as it can be helpful to utilise what a client already believes is possible BEFORE we dismiss it as a misunderstanding.
- To connect with their creative imagination – we can ‘test’ suggestions to find out where the common ground lies.

Finding Agreement

I always check to find out what my clients pre-existing thoughts regarding hypnosis are. This I tend to do in one of two ways:

- If my client seems open to the wilder notions of hypnosis - perhaps they have seen a show, been hypnotised before, been referred by a friend, or be an ‘out there’ Nomad - then I will first cast a ‘long line’ and draw it back until I get a bite. This will be the point at which the client’s CCF is willing to accept the concept as plausible.
- If my client has expressed doubts about the therapy - maybe they still need convincing that hypnosis could help, seem a touch nervous about the whole mind control thing, or are a Warrior type personality, who has yet to engage with my charm & wit (!) - then I will start with a short line and cast out slowly and carefully with a view to ushering them into my hypnotic world at a nice safe pace. This allows their CCF to gradually buy in at each stage of the process in order to avoid any future resistance.

NOTE: It is worth remembering that Nomad doesn’t necessarily mean ‘*Full on hypnotic suggestion*’, nor does Warrior equate to ‘*You can’t hypnotise me.*’

This is worth considering for a moment because a Nomad personality might be resistant due to a belief in your hypnotic mind controlling powers, where as a warrior might make a perfect candidate because they believe hypnosis is all about controlling ones own thoughts and reprogramming our inappropriate responses in a clean, clinical, computer-like manner.

Remembering this subtlety can be very useful indeed when helping clients with ME & CFS.

Seeking the middle ground

Finding the middle ground is all about discovering the point at which the CCF comes on board and entertains the new idea/suggestion being offered to it. Ultimately this will occur when the concept is either:

- Plausible
- Safe

... or in some cases, both!

Plausibility

Obviously this is important because the CCF seeks to protect us from *daft ideas* only from a point of view based on what it already knows and believes - it's therefore daft to stop being afraid of spiders if you think spiders are dangerous, for example.

In the above example we might consider the common ground as accepting that not *all* spiders are dangerous. It's a small shift, but a shift none-the-less, and a start point to further movement because it doesn't confront the client with too much imaginative/emotional/creative investment – it is (intellectually) plausible.

Safety

Safety is important because it can be a major source of resistance in many subtle ways, both physically and emotionally.

A client suffering from CFS for example, may be fearful of stepping into their new life - what if they have to return to that job they hate, or start socialising with their friends again or ... gulp ... do more chores at home?

So we have to tread a fine line between being enthusiastic, and sounding like we are blaming them somehow (or calling them lazy, neurotic etc) as we explain how they can safely engage with the process.

One of the biggest stumbling blocks when working with a client suffering from issues such as CFS or ME is that they might feel we are (yet another person) judging them, dismissing their illness, or over simplifying their situation.

The final part of this brief explanation will therefore cover how I approach these specific conditions in order to avoid any potential misunderstanding or bad feeling with my clients.

1: I DO NOT DIAGNOSE

I am not a Doctor, nor do I claim to be an expert in conditions such as Myalgic Encephalomyelitis (ME) or Chronic Fatigue Syndrome (CFS).

But note that this does not mean I haven't studied these conditions in detail or seen many clients over the years for these issues.

I simply make this point clear (to you) in order to highlight that my approach is not based on getting involved with the illness (problem) anymore than it would be if a client presented with Aerophobia – I neither confirm nor dismiss – I simply seek to question how best a client can move forward in order to live a happier life.

So broadly speaking I might say (to coin a phrase) *what a client thinks they have ...is what they think they have.*

I don't say this to be flippant, or dismissive, or from a lack of interest: I say this because it aids my initial approach to their therapy. In order to help them I first need to have agreement from their Critical Faculty, so I want to know what they think is going on before I start making any suggestions of my own.

2. I CONSIDER THEIR DIAGNOSIS

My initial approach to any problem a client presents is to be curious as to how they know it's a problem. How does it manifest? When? What would they like to be doing? Why?

Our solution focused approach would kick in here and direct the session to future success but I also like to nudge the CCF by gently questioning the opinions it holds.

"I wonder why you might say that?"

"What makes you think that?"

You will note that I am NOT doubting the statement, I am simply being curious about the thought processes behind it.

We could see this as a miniature, real-time example of meeting the CCF in the common ground.

3. CLAIMING THAT COMMON GROUND

Once we have found any area of advancement, however small, I want to tag it in order to highlight it. This need not be a vocal acceptance (often in fact this might be detrimental) rather I prefer to embrace it as a new, accepted concept – another place in which we might do this would be during the miracle question, in which every statement offered by the client becomes the start point for the next:

Client: "I would wake up & spring out of bed"

Therapist: "What would you do?"

Client: "I would go to the Gym"

Therapist: "Excellent! What apparatus would you go on first?"

By simply claiming this common ground we are encouraging the clients CCF to embrace the idea as its own potential reality.

4. CASTING THE LINE

This is a continual process during the session in which I cast the line just out of reach and draw it in for the bite. Then cast a touch further, draw it in etc. repeating the process over and over in order to spread out thought patterns and bring in new concepts – *think of a TV clairvoyant fishing for a psychic hit!*

5. CONSIDERING ALTERNATIVE EXPLANATIONS

Is a house haunted because you hear strange thumping noises in the night, or could there be other explanations?

After a long-term illness might we naturally expect to have to build our strength back up gradually?

If I haven't run a marathon in ten years, could I run one tomorrow?

If I went back to work next week, would I have to work those 25-hour days again?

I'm sure you get the idea here. Note too how this can be linked to plausibility/safety issues and what others might start expecting of us on a continual basis if we manage to complete a task once.

Putting this process to work.

As I have already stated I believe that any step, however small can be seized upon and enjoyed as positive progress. This is important to me as it illustrates a long term example of the CCF finding agreement and becoming familiar with the new idea – embracing it as its own, rather than something implanted into the subconscious by the evil hypnotist!

In this way we get to maintain trust with our client and strengthen rapport through the process at the same time as being able to bend that CCF and its pre-existing beliefs in a safe, invisible way.

I hope these ideas are of use and take away any fears you might have when a client presents with specific medical conditions – remember, that's not what we are about, so we don't have to fear them!

All the best,

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