THREE CORE COMPETENCIES IN ERICKSONIAN PSYCHOTHERAPY

READING THE CLIENT
SEEDING
and
THE ART OF PREDICTION

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DISCLAIMER
Materials that are included in this course may include interventions and modalities that are beyond the authorized practice of mental health professionals. As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your professional standards.

“Your task is not to foresee the future, but to enable it.”
Antoine Saint-Exupéry

Why do people come to therapy?
– They need to make decisions (even if they don’t know what the options are)
– They need to acquire new learnings
– They need to implement those learnings in a context they were never used before.

And because...

...they need answers...
Because...

...they have
QUESTIONS
DESIRED OUTCOMES

• To take into consideration the **questions** that the patient could make about their problems.
• The use of those questions as a way to “read the client” (Who is the client in relation to the problem?) among other techniques.
• Understanding the principles of the so called “cold reading” that can be applied in therapy.

DELPHI ORACLE

• It is situated in the temple dedicated to Apollo at the foot of mount Parnassus, in Greece.
• To consult it one had to go the sacred place and do an offering to Apollo that consisted on food and a sacrifice of an animal. Only then would they find out if Apollo would like to talk to them.

DELPHI ORACLE

The Oracle was in charge of an old woman called Pythia and a man, the prophet. The person who traveled there made a question; after that question, the old woman made contact with the god while she chew bay leaves, sprinkled flour and drank water from the sacred fountain. Her words were usually incomprehensible, so they were interpreted by the prophet.

DELPHI ORACLE

• The questions asked never were about the future, but about actions to be taken by the person who asked, the questioner.

**KNOW THYSELF**

*gnothi seauton*

*γνῶθι σεαυτόν*
THE STORY AFTER DELPHI
From Delphi to the present

• The process of asking and getting an answer from a “higher intelligence” or “authority” has evolved through history in the form of different oracles that are consulted by an “expert” to get an answer for the questioner.
• The Oracle would be the Pythia and the prophets and priest would be the reader of the Oracle who interprets it.

THE STORY AFTER DELPHI

• Taking away the metaphysical and “magical” part of Reading an Oracle we get a process in which symbolism and metaphor play an important role.
• Reading symbols and metaphors to make them significant to the “questioner” is another topic that will not be covered here.
• So… how can we relate Oracle Reading with the process of therapy?

ORACLES

• Oracles have been used as a symbolic tool to answer questions made by the “client” based on their personal history.
• Who am I? - I need to know myself
• What will happen? – I need to know the future in order to respond to it – First, know yourself
• Nowadays, our patients are not much different, it is our approach that has changed.

ORACLES

Oracles have been used as a symbolic tool to answer questions made by the “questioner” based on their personal history.

In order to know what will happen or what you have to do (react to what is to come), the “Reader” must answer the question: “WHO ARE YOU?”

ORACLES - QUESTIONS

Typically, considering the topic of Oracle reading, the questioner’s questions can be included in one of these two categories:

1. What will happen? – I need to know the future in order to respond to it.
2. Who am I? I need to know myself.

Personal history – who am I?

• Transderivational search → search through their personal history to make meaning of what is being said, because we are being ambiguous with our language.
• Unconscious mind operates on plausibility and not logic

COLD READING

The art of knowing WHO the patient is
Or
How the patient perceives themselves

“No matter what you think you are you’re always more than that”
John Overdurf
COLD READING

• The technique of Cold Reading is used as a way to get to know “who is” asking the questions.
• The reader calibrates the responses of the person sat in front of him to make a panoramic picture of that person.
• From there, we start constructing a “New who” to be in the future to come, thus creating a self fulfilling prophecy for the “questioner”

READING THE CLIENT - FUNDAMENTALS

• We all have experiences / problems / worries / enjoyment / ambitions... in common ➔ the difference is how we experience them.
• In a “client reading” we should use the experience, not how it’s lived.
  — How? That is given by the client verbally and non-verbally.
  — Observe, pay close attention and you’ll be right.

COLD READING – THE PROCESS

We can define the process of cold Reading as **crafted communication** between the person that asks a question (questioner) and the person who “reads”.

COLD READING – THE PROCESS

What is an indicator?

• In therapy, the indicator is the patient.
• The patient gives us the info that we need in order to interpret it and give it back to him.
• It’s just like Jeffrey Zeig says when he talks about **gift wrapping**

COLD READING – THE PROCESS

What is an indicator?

— It’s the element that gives the reader the information that needs to be interpreted. For example, in a “normal reading setting” that would be the cards, the crystal ball, the lines of the hand...
— The reader interprets those symbols in order to give information to the questioner

COLD READING – THE PROCESS

Channels

• Cold Reading is a two-channel dynamic. There are two channels of communication.
• **FIRST CHANNEL**: between the “indicator” and the Reader
• **SECOND CHANNEL**: between the Reader and the questioner
Reading: Two-channel dynamic

Wrapped up info delivered to questioner / patient

Reader

Questioner

Info from the questioner / patient

COLD READING – THE PROCESS

Channels

• FIRST CHANNEL: Use the word “indicates”
  – The way you talk / what I hear / seems to indicate that you are ____

• SECOND CHANNEL: Use the word “feels”
  – It feels to me that [wrapped up info]

COLD READING – THE PROCESS

Channels

• Using the two channels we can use contradictory information at the same time. This way, you will always be right and will get the “yes” from the questioner.
• If what you feel is wrong, accept it and defer to the info obtained from the person.
• If what you feel is correct, the initial info obtained from the first channel will be forgotten and the information wrapped up and delivered will be accepted.

COLD READING – THE PROCESS

Channels

• A great deal of rapport can be created this way
• You also obtain VALUES from the other person

READING THE CLIENT – FUNDAMENTALS

METAPHORICAL READING

• We do a Reading in which the outcome is to connect the patient with the problem and with the solution through a metaphor
• This approach is beyond the scope of this presentation but let’s see an example.

READING THE CLIENT – FUNDAMENTALS

METAPHORICAL READING

Reading (creation of the problem)

“It's like if...” (metaphor/story/experience/life lesson)

Outcome - seeding
READING THE CLIENT – FUNDAMENTALS
METAPHORICAL READING
I feel you are the kind of person that... don't you?
[Reading (creation of the problem)]
+ “it’s like if ________”
[“It’s like if...” (metaphor/story/experience/life lesson)]
+ "I wonder how much different you would be having [VALUE] Outcome - seeding

READING THE CLIENT - FUNDAMENTALS
• There are 5 basic patterns that will allow you to read people
• To use any of them, the right context is needed. What frame are you using?
• Reading the client Works because it makes use of ambiguous language patterns ➔ maybe, it’s possible..

READING PATTERNS
Stay alert, observe, see how they respond, imagine what makes them react... and then... weave your language to fit them perfectly

READING PATTERNS
• How to deliver Readings effectively?
  – Make it meaningful ➔ everything you say should be meaningful to the patient. Use the correct tonality, use pauses and use language that leaves room for the patient to fill in the gaps.
  – Be positive ➔ it will be easier to create Rapport if you make positive statements. The patient will be easily engaged in the Reading that way.
  – Reframe your mistakes ➔ You may be wrong in some of your statements. Don’t worry. In this case the most important thing is what you say next.
  – Go from general to more specific statements ➔ Start with educated guesses and speculations and refine your statements as the patient answer verbally and non-verbally

READING PATTERNS
1. Echo effect
2. Simple and plain adulation
3. Cover all possibilities
4 Barnum effect
5. Universal experience

READING PATTERNS
THE ECHO EFFECT
• People like to talk about themselves, when they do it, if you pay attention, they are giving you information:
  – Remember the facts
  – Don’t pay attention to the information
  – Start talking immediately about something different
  – Wait 5 minutes until they forget what they told you
  – Start to mention the information using different words from the ones the client used
• The key is to use a different language from theirs
READING PATTERNS

Simple and plain adulation

- Flatter them “perceiving” their internal qualities.
- What you say doesn’t need to be strictly true, but they are qualities with which most people identify themselves with.

Simple and plain adulation

General attributes

- Hard-working
- Kind
- Reliable
- Faithful
- Honest
- Intelligent
- Optimistic
- Ingenious

Cover all possibilities

- Instead of choosing one quality, you focus on two opposite qualities:
  - First, the positive one: attentive
  - Then, the negative one: impatient
- Keep generalizing to avoid quantifiable facts: “You are a person that likes to help others, although sometimes to tend to be impatient”
- You can add some sense of humor to soften the negative part

The Barnum effect

- Use a fact that is specific but it could also be true to any other person
- General fact ➔ observe reaction ➔ go to specific fact
  - “You are a positive person [observe reaction]” when things are going bad you are able to find something positive. You look for opportunities to make the best of things”
  - “You are a dreamer [observe reaction]” but you never allow that dreams to stand in the way of your practical side. As you do is anchored in reality”
- Make use of slightly negative facts so you are not too flatterer

Universal experiences

- They are also called the 7 ages of the human being. They are experiences that everyone can reflect on at some stage in their life.
- They are not true facts, but they give us an idea of how someone’s life can be at a particular moment.
READING PATTERNS

Universal experiences

• **11 – 18 years old**
  – Dreams of independency. Working hard to construct their personality.

• **18 – 22 years old**
  – Dreams come true... or not. Experiences with different life styles. Experimenting in the adult world.

• **22 – 30 years old**
  – People usually choose one of these directions: they create a home or look for adventure. Career is an important topic.

• **30 – 35 years old**
  – Reevaluation of accomplishments. People take into account and wonder what would have happened if they had chosen the opposite of what they’ve done.

• **35 – 45 years old**
  – Middle age crisis. People want to make the most of the time they have.

• **45 – 55 years old**
  – Depending on how the previous crisis was solved, they will feel rebirth or disappointed.

• **55 – 75 years old**
  – There is more freedom and more wisdom. Health is an important issue.

READING PATTERNS

Universal experiences

Let’s have a look at some examples that we can use right away to set the right context to get core values from the patient

• You have a strong necessity to be liked by others and be admired.

  + → You avoid confrontation. You usually are the first to apologize, even if it's not necessary.

• - → You shouldn’t be disappointed when others just get a superficial idea about you. You value your privacy.

• You have some tendency of being critical with yourself.

  + → You are aware of your own flaws. You get disappointed by people because they don’t get to your own standards.

  - → This is a positive critic. You know your strengths and you have learnt to take the best from it. You are aware of your mistakes in the past and you have learnt from it.
READING PATTERNS

- Sometimes to doubt about taking the right decision or if you’ve done what is correct.
- + → people have faith in you and in your abilities. They trust you and your possibilities.
- - → Usually those doubts manifest in the form of “What if...?”. You are always trying to improve everything you do.

How all of this relates to therapy?

- Therapy has become the new “Oracle Reading”. In therapy we have dismissed the magic and mythical side and now the read the client.
- We can learn from the Oracle readers their expertise in Reading the “questioner” and use their techniques to get positive outcomes.

How all of this relates to therapy?

What can we obtain from “Reading the person”?

THEIR VALUES

How all of this relates to therapy?

Being someone (cold Reading information)...
... What is important about...?

CORE VALUES

AND THE WHOLE POINT OF ALL OF THIS IS...

- We have lost the capacity to answer questions, we are afraid to be wrong.
- We have become so confident being the ones who make the questions that we are no longer willing to answer the client questions.
AND THE WHOLE POINT OF ALL OF THIS IS...

So... why don’t we start listening to our patients questions?

Why don’t we start answering our patient’s questions?

In a different way...

AND THE WHOLE POINT OF ALL OF THIS IS...

We can answer the questions with another question that will expand the awareness of the patient in order for him to consider more possibilities, and consider that he can be more than he is... in a different way.

THE PATIENT’S QUESTION

Let’s allow the patient to ask questions.

Let them make one question about the problem.

This will make them do the effort to “observe” the problem from another perspective.

THE PATIENT’S QUESTION

What question would you need to ask me that will give you the answer you need to get what you want?

THE PATIENT’S QUESTION

What question represents your problem?

What would you need to ask that will give you the answer you need?

If I had a crystal ball with all the answers...what would you ask?

HOW THE QUESTION FROM THE PATIENT IS CONSTRUCTED

• Our reality and how we perceive it is subject to these coordinates:
  – Space
  – Time
  – Matter
  – Energy
• The problem of the patient is composed by these coordinates

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HOW THE QUESTION FROM THE PATIENT IS CONSTRUCTED

• The patient will perceive their problem with more intensity from one of these coordinates.

• When they ask a question about their problem, they will use one of these coordinates

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THE PATIENT’S QUESTION

The patient will do a question that will fit in one of these categories*:

• Time: when...?
• Space: Where...?
• Matter: What...?
• Energy: How...?

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THE PATIENT’S QUESTION

• Once the therapist has established the coordinate of the problem, he will expand the identity of the patients from that coordinate to widen their awareness about it.

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QUESTIONING THE QUESTION

The therapist answers the question of the patient with another question that expands their identity and the way they perceive their problem.

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QUESTIONING THE QUESTION

• By making a question to answer the patient’s question in the form of “Who...?”, we want to elicit the new identity that the patient needs in order to get the outcome they need to start solving the problem.

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QUESTIONING THE QUESTION

• We use the 5th category (Identity)* to feed back their question adding their identity so they process who they need to be to achieve what they want. That will take the patient to an unconscious search.

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QUESTIONING THE QUESTION

The 5th category is: "who...? (identity)"

- We make the patient wonder: "Who am I in relation to the problem?"
- We communicate to the patient: "You can be more than you are being now to access resources that are outside the problem"

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QUESTIONING THE QUESTION

WHAT - matter

QUESTIONING THE QUESTION - WHAT

- Client: what should I do / have? (Matter → there is an "object" I need to respond to or something I need to have)
- Therapist: who are you being now in reference* to THAT that you should respond to that is [VALUES OF PRESENT SELF]?
  
  (first step → identity of reference)

* In reference = what position are you with regard to that "object."

QUESTIONING THE QUESTION - WHAT

- Client: ... [values]
- Therapist: Who do you need to be in reference to THAT, that is [VALUES OF OUTCOME SELF]?
  
  (Second step → End Identity / outcome identity)

  (Who are you NOT being?)

QUESTIONING THE QUESTION - HOW

- Client: How should I ...? (Energy → there is an action I need to take in order to solve my problem)
- Therapist: who are you being now that is not capable of doing what you need that is [VALUES OF PRESENT SELF]?
  
  (first step → identity of reference)

  (Who are you being?)

QUESTIONING THE QUESTION

HOW - Energy
QUESTIONING THE QUESTION - HOW

- Client: ...[values]
- Therapist: Who do you need to be in order to take that action that is [VALUES OF OUTCOME SELF]? ?
  
  (Second step ➔ End Identity / outcome identity)

(Who are you NOT being?)

QUESTIONING THE QUESTION - WHERE

- Client: Where should I ...? (Space ➔ there is a "place" you need to stay in or go through in order to solve the problem)
- Therapist: who are you being now that is not where you need to be that is [VALUES OF PRESENT SELF]? ?
  
  (first step ➔ identity of reference)
  
  (when are you being?)

QUESTIONING THE QUESTION - WHEN

- Client: When should I ...? (Time ➔ there is a moment in time that is approaching to me or a moment I am approaching in order to solve my problem)
- Therapist: who are you being now that is not approaching/getting close to a moment that is [VALUES OF PRESENT SELF]?
  
  (first step ➔ identity of reference)
  
  When are you being...?
QUESTIONING THE QUESTION - WHEN

- Client: [...] [values]
- Therapist: Who do you need to be at that moment in time that is [VALUES OF OUTCOME SELF]?

(Second step → End Identity / outcome identity)

(Who are you NOT being?)

PROCESS

1. Listen to problem state
2. Pace problem state
3. Cold Reading:
   I. “It seems like you are... don’t you?”
   II. Calibrate
   III. Construct “present self image” accordingly
   IV. Get VALUES from “present self image”

PROCESS

4. "Being a person...[Cold reading]. What is important about overcome/solve problem state?" / "Who are you being when?"
   - Get VALUES from “present self image” and from "
   - We get the patient to face the problem form the perspective of what he/she is being in that moment. As the reading is always positive we help the patient to access their VALUES.
   - We are also seeding the following ideas:
     - I can change, I can be more than I am
     - There are strength and resources in the way I am now

PROCESS

5. Make the patient ask a question that will give him/her what it’s needed to solve / overcome the problem.

What question would you need to ask me that will give you the answer you need to get what you want?

PROCESS

6. Read the question:
   - Time: when...?
   - Space: Where...?
   - Matter: What...?
   - Energy: How...?

7. Answer with a question that expands the identity of the patient SEEDING a new way of being that includes new values that will help them to face the problem in a different way.

Time
Space
Matter
Energy

+ Identity + values from Cold Reading

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PROCESS

8. Patient starts a search for meaning.
   ➢ We get a trance state in conversation, in which the patient is expanding their own view of themselves and they find core values from their “outcome identity” that will be used later in the session.

“Indirect forms of communication are powerful devices of social influence; however, it must be remembered that it is the patient who energizes the action”

Jeffrey K. Zeig

“Your task is not to foresee the future, but to enable it.”

Antoine Saint-Exupéry

Now that we are finishing...

We can... Enable the future by being who you need to be in every moment that needs a different you... ... and keep changing accordingly...

We, as therapists, can help the patient to become who they need to be by answering the right questions with a question that expands their identity... ... even further...
... to be and be-come more than we are being.

THANK YOU

Dedicated to:

With great appreciation