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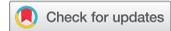
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Implicit Rapport: Some Introductory Comments

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ABSTRACT

“The relationship” is often cited as an essential aspect of successful psychotherapy, but what is it about the relationship that contributes to positive outcomes in treatment? This article introduces the concept of implicit rapport, which, in the parlance of social psychology, is an element of influence. Influence represents those things to which people respond without awareness of what exactly they are responding. Implicit rapport is here defined as a category of behaviors or interventions that occur within the context of clinical encounters and are designed or intended to promote a sense of feeling known, understood, valued, and safe. It is characterized as implicit because the variety of interactions referred to are not likely to be overtly or explicitly recognized by the client but, nonetheless, influences their willingness to commit to the work of psychotherapy. Clinical vignettes are presented to provide examples of how implicit rapport is conceptualized and actualized.

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Introduction

Ask a psychotherapist, “what are the mutative elements in the therapeutic process?” and their response will likely include “the relationship.” We have known since the early 1970s (Frank, 1961) that a “confiding relationship” along with the cultivation of positive expectancies are among the central factors of successful psychotherapy. Researchers focusing on the outcome of psychotherapy (Duncan et al., 2009; Norcross, 2002) also note the salience of the relationship. In fact, a recent international survey of clinicians who integrate hypnosis into their practice identified “rapport or a positive relationship with the therapist” as *the* most highly rated client factor “for the therapeutic success of clinical hypnosis treatment” (Palsson et al., 2023, p. 103). But what is it about the relationship that is mutative? I propose that one dimension of the therapeutic relationship that contributes to its mutative effect is what I call “implicit rapport.” Implicit rapport is a relational dimension of influence. From a social psychological perspective, influence represents those things to which we respond without our being aware of what it is to which we are responding (Bargh, 2017; Bargh & Chartrand, 1999; Cialdini, 2016, 1984/2021).

The concept of implicit rapport utilizes the unconscious yet experiential element of an interpersonal encounter to cultivate and promote the relational dimension. When I speak of the unconscious elements, I am referring to experiences that are largely outside of an individual’s awareness. Although that is where these experiences typically remain, they can be brought into conscious awareness. Interestingly, even though the types of

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information or experiences that follow can be brought into conscious awareness, doing so does not preclude their influence. A clear example of this can be seen in the McGurk effect (MacDonald & McGurk, 1978), which demonstrates the preeminence of visual processing over auditory processing. The subject views the experimenter mouthing the phonemes, “Ba” and “Fa.” Despite the experimenter uttering the phoneme “Ba” in all trials, the subject reports hearing “Fa” on those trials as a result of seeing mouth movements associated with the creation of the phoneme “Fa.” Even knowing that the experimenter is mouthing “Fa” but actually saying “Ba” does not prevent the subject from reporting that they are hearing “Fa.” The following are additional examples from the social psychology literature that demonstrate the myriad ways in which we are responsive (i.e., influenceable to stimuli outside of their conscious awareness).

Williams and Bargh (2008a) noted that experiencing physical warmth (e.g., holding a warm cup of coffee) promotes interpersonal warmth. In a separate set of studies, Williams and Bargh (2008b) demonstrated that spatial distance cues (i.e., having subjects plot points on a Cartesian coordinate plan that were either close to one another or farther apart) influenced the subjects’ affect and evaluation (e.g., levels of emotional distress after watching “violent media”) (Williams & Bargh, 2008b, p. 302).

In another set of studies examining incidental haptic sensations (i.e., relating to the sense of touch), Ackerman et al. (2010) demonstrated that weight, texture, and consistency “nonconsciously influenced impressions and decisions formed about unrelated people and situations” (Ackerman et al., 2010, p. 1712).

Duckworth et al. (2002) show that evaluative responding (i.e., the categorization of stimuli as positive or negative) “can be immediate, unintentional, implicit, stimulus based, and linked directly to approach and avoidance motives” (p. 513). When brought into the consulting room, these findings encourage clinicians to be intentionally strategic about the ways in which the client and the context of the encounter can be utilized to foster and promote rapport.

With the advances in neuroimaging techniques, electrophysiologic and biochemical measurement, we have come a long way from the dichotomous “state-nonstate” debate (Barber, 1969; Bowers, 1966; Kirsch & Lynn, 1995; Orne, 1959; Sarbin, 1950). Thus, the studies cited above reflect the observable and elicited responses to nonconscious stimuli (i.e., influence).

It is beyond the scope of these introductory remarks to present a thorough review of the neurophysiological correlates of hypnosis. However, research conducted around implicit memory (Damis, 2022; Rovee-Collier et al., 2001; Spiegel, 1998), can be used to support the hypothesis that implicit rapport, like implicit memory, can facilitate “. . . a neurophysiological substrate supportive of social engagement and inhibition of fear-based responses” on a subcortical level (Damis, 2022, p. 63). This goes to the relational element of implicit rapport where its intent is to elicit and promote a sense of safety and security. Porges (2009), in outlining the evolutionary development of the vagus nerve, notes, “as the source nuclei of the primary vagal efferent pathways regulating the heart shifted from the dorsal motor nucleus of the vagus in reptiles to the nucleus ambiguus in mammals, a face – heart connection evolved with emergent properties of a social engagement system that would enable social interactions to regulate visceral state” (p. s86). Although the clinical vignettes presented below do not highlight the affective displays, paraverbal dimensions of speech, and other elements of empathic attunement,

it is evident that there is a “package” of communication (for a more microanalytic description of the interaction see Staffin, 2022). In other words, the tone, prosody, rate, and rhythm in conjunction with facial displays, gestures and other verbal and nonverbal aspects of the social exchange are presented and received as a unified whole. The clinician who appreciates this is better able to enhance their therapeutic relationships via the intentional cultivation of implicit rapport.

Implicit rapport is being defined as that category of behaviors or interventions that occur within the context of the clinical encounter and are designed or intended to promote a sense of feeling known, understood, valued, and safe. I characterize it as implicit because the variety of interactions to which I am referring are not likely to be overtly or explicitly recognized by the client, but nonetheless influences their willingness to commit to the work of psychotherapy. I contend that implicit rapport is a relational factor that promotes a sense of safety and well-being. It helps build and strengthen the underlying relational safety net. It is the cultivation and maintenance of this relational safety net that allows our clients to be vulnerable and engage in the work of psychotherapy. What follows are a variety of domains and examples of implicit rapport.

The Meaning of Remembering

I have a dear friend who is a really good cook. In addition to her being a good cook, she has a phenomenal memory for who likes or dislikes certain ingredients. One evening, while she was hosting a dinner, I was in the kitchen when another guest arrived. He enthusiastically asked, “what’s for dinner?” She told him that she was making fettuccine Alfredo. Upon hearing that she was serving fettuccine Alfredo, his enthusiasm wilted. She then added, “but I know that you do not like white creamy sauces, so I have set some aside and am making pasta primavera for you.” Immediately, his smile returned and he was reenergized. It is this sense of being known and attended to that I believe promotes a feeling of relatedness. It is also esteeming, as it conveys that the person toward whom it is directed is appreciated, worthy, and valued. As the positive feelings that interactions like this generate are felt and not thought about, they are implicit.

At the International Erickson Congress in 2017 my friend and colleague, Tobi Goldfus, had a book release party. At that party I met a Swedish psychologist who was living in Massachusetts. Over the course of the evening, I spoke with him about the Master Classes that Jeff Zeig teaches in New York City and a daily missive I write called *Your Daily Dose of Magic*. I encouraged him to attend the Master Class. He asked to be added to the list of recipients for *Your Daily Dose of Magic*. I asked him for his e-mail address. As it was late in the evening, he asserted that I would not remember his e-mail address. I assured him that I would. I composed and sent that night’s *Daily Dose* after having returned from the book launch party. When he saw me the following day, he smiled and stated, “I never, in a million years, would have believed that you would remember my email address.” He did come to NYC for the Master Class and we have become dear friends. I include this example not just because it is the result of having a good memory, but rather that it demonstrates the power of committing a seemingly trivial bit of personal data to memory. The implied message is that “you are important.” The positive regard people feel for those who lead us to feel valued, worthy, esteemed and important, contributes to the power of the relationship.

Get Names

One of the many lessons I learned from Dr. Jeff Zeig is to “get names.” This is a simple yet profoundly effective way to cultivate implicit rapport. Recall yourself in session with a client and hear them say something like, “I’m really worried about my dog” or “y boyfriend and I got into a big argument last night.” It is easy to follow up with something like “what’s going on with your dog?” or “what were you and your boyfriend arguing about?” It is just as easy to ask, “what is your dog’s name?” or “what is your boyfriend’s name?” Once you have been given the name, use it. Take a moment now and allow a beloved pet or dear friend to come to mind. Experience yourself referencing that pet or friend in a conversation with another person. Having done this, generate a response from that person. Do this two times. On the first round, have this person with whom you are conversing respond to your comment about your pet or friend employing the more general category, “your pet” or “your friend.” Now do it again. In this second go round, hear the person with whom you are conversing refer to your pet or friend by their name “how is Bella’s paw?,” or “I remember that conversation you had with your friend, Sally. Were you two able to work it out?” As you review your two examples, which one of the responses you generated sounds and feels more meaningful? Which one leaves you feeling more well-known? Using names, like mimicry, promotes social relatedness (Chartrand & Lakin, 2013; Lakin & Chartrand, 2003). Imitating, unlike mimicry, can be experienced as mocking or deriding. Unless one is eliciting and using names as a form of imitating, there is no downside. Using names is an element of implicit rapport in that the client with whom the clinician is speaking is not likely to notice that it is the clinician’s use of names that is a source of the positive regard they are apt to feel toward the clinician.

A 57-year-old married mother of three adult children was describing to me the behavior of her mother-in-law that distresses her. The first time she mentioned her, I asked for her name and she told me “Harriett.” In a subsequent session, her struggles with her mother-in-law came up again. Rather than using “mother-in-law,” I referenced Harriett by name. I noted but did not comment on the mildly surprised look this elicited. Over the course of the session, she continued presenting her struggles with her mother-in-law. When I inquired, I referenced, “Harriett.” She stopped at one point and commented, “You have a really good memory.” I simply smiled and we continued. Later in treatment when “my mother-in-law” came up again, I referred to her as “Harriett.” As it had been several weeks since she had spoken about her mother-in-law, she was a bit taken aback at my remembering her name. Parenthetically, her struggles with Harriet were not part of her presenting problem nor were they a central theme in the course of our work. In response to my remembering and referring to her mother-in-law by her name, she asked me, “how do you do that?” Although I was pretty sure she was referencing my use of Harriett’s name, just to be sure I inquired. She stated, “remember her name.” I asked her what that was like for her and she said, “it feels good, like you’re really listening and paying attention . . . it makes me feel like what I say is important, that I am important.” I do not routinely inquire about the impact of my getting and using names. It was only in response to her noting it that I followed up. Although most clients do not comment on my use of names, I believe that learning and using names promotes a sense of being known, feeling attended to, and cared for. As these experiences are typically not explicit and tend to carry a positive affective valence, I place them in the category of implicit rapport.

Varieties of Shared Moments

Shared moments refer to those events and interactions that are shared among individuals or groups of people. There are multiple varieties of these moments. They can be cultivated and strategically orchestrated to promote implicit rapport. As “the relationship” has been identified as an essential aspect of successful psychotherapy, an intentional focus on and promotion of implicit rapport is worthy of further attention.

Reference Experiences

Reference experiences are shared moments or experiences that can, as the name implies, be referred to. These can be created within the course of a relationship or be experienced separately yet maintain a shared element such as liking the same genre of music or film. I will provide examples of each variety.

John, a police detective, is a 43-year-old married father of two. He sought treatment, among other reasons, to develop better ways of coping with the differences that he experiences between how he and his wife approach the world.

John is a dog lover and has a boxer named Rocky. As John is routinely in investigation mode, if he tells you that he has a boxer named Rocky and you do not smile or chuckle at the cleverness of this, he will write you off as someone who is not too bright. Being a dog lover, he is familiar with dog behavior. As most dog people have observed, a dog, in response to a high pitched or unfamiliar sound, will often cock its head to the side. When John wants to represent something that confuses him, (e.g., his wife’s spending behavior), he will cock his head to the side with a corresponding “Wheent” sound. To a stranger, and certainly to anyone who is unfamiliar with dogs, employing this gesture and its accompanying sound would be odd, social behavior. However, to another dog person or someone to whom he has demonstrated this behavior and its corresponding meaning, it becomes an entertaining representation for the confusion and consternation he experiences. Once this gesture or the corresponding “Wheent,” either in unison or alone has been established (i.e., consensually understood) it becomes a reference experience. With its meaning established, when it is employed, by virtue of its shared meaning despite its idiosyncratic nature, it implies a relational connection. It is this unspoken, and frequently unnoticed experience of it as being known and understood only by those who have been “initiated,” that moves it into the realm of implicit rapport. It is this implicit element, (i.e., unnoticed yet exerting an influence on one’s sense of being in rapport), that is the relational element I wish to highlight.

In another example utilizing reference experiences, a 29-year-old newlywed, Jim, entered treatment shortly after the pandemic began. He is a delightful young man who began treatment stating he “figured it was a good time to check under the hood and make sure everything is alright.” In the second session he was speaking about his relationship with his brother, Robbie, who is 4.5 years his senior. His presentation was that his brother did not like him. It sounded to me more like the 4.5-year age difference was developmentally significant. Because my client was unable to do many of the things that his older brother and the brother’s friends were able to do, he was not included in their activities. I began to tell him about a one-man play I had seen on Broadway in the mid-1990s titled, “Defending the Caveman.” In my description I demonstrated how at the close of the play the actor steps to the footlights at the front of the stage, raises his arms, with fists clenched over his head,

and proclaims to the audience, “I . . . AM NOT . . . AN ASSHOLE!” Although this may not be a prototypical psychotherapy intervention, those familiar with the use of stories as a vehicle by which to convey a message will recognize the embedded message within this tale. Jim, smiling, clearly understood the message. In a subsequent session, Jim was once again lamenting about how his brother seemed disinterested in him. Having previously told the tale, I simply employed the gesture of emphatically raising my arms with my fists clenched. Again, Jim got the message. Several months later Jim was home visiting his family. Following his return, he was describing an interaction with Robbie in which they were enjoying each other’s company. In response to his report, I tilted my head inviting him to note what he had just reported. He, smilingly, employed the arms raised over the head gesture, acknowledging and affirming the idea that I had been asserting.

Once established, reference experiences have a uniquely personal valence. Imagine someone employing the fists clenched, arms raised over head, gesture to assert something positive about themselves without having given you any prior referent. You would think that odd, right? The establishment and utilization of reference experiences, by virtue of their idiosyncrasy, is the inverse of that oddity; the shared understanding connotes an interpersonal intimacy. I contend that it is exactly these kinds of interpersonal interchanges that constitute the implicit aspect of the therapeutic relationship. They create and grow what I am calling implicit rapport.

As alluded to above, there are other varieties of shared moments that can also be framed as reference experiences. These can also contribute to and promote implicit rapport. This is true whether the experience is shared in the present moment or is a part of one’s experiential repertoire. Take, for example, being at some sort of gathering. While there, you observe something, perhaps the behavior of another attendee, that strikes you as interesting, odd, humorous, or entertaining in some manner. While observing the situation you notice that another attendee is also watching the behavior that has caught your attention. When each of you observing the behavior discover that the other is also observing it and that they appear to be perceiving it in a manner similar to how you are, in that moment a connection is forged. It could simply be a passing moment or, depending on a host of variables, become the point of tangent that allows a conversation to ensue. It is the kindred nature of the moment that I am noting as an element of implicit rapport. Moving this dynamic into the therapy room, an attuned therapist can note and promote these shared moments with strategic intent. The “WE-ness” of the moment is the implicit element I wish to highlight.

Another variety of shared moments can be noted in the following clinical vignette. Adam, a 65-year-old widower, is speaking about an interaction he had with a woman he has expressed interest in. In his frustration over her dropping in and out of his life, he proclaimed with a British accent, “she’s a witch.” Those familiar with Monty Python, the British comedy troupe, will recognize this as a line in a scene from their movie, *Monty Python and the Holy Grail* (1975). In response to his remark I replied, “I got better.” In this same scene, one of the peasants who is accusing this woman of being a witch alleges that she turned him into a newt. As he is clearly a man making this allegation, after a few moments he sheepishly confesses, “I got better.” Whether one utilizes Monty Python or some more erudite example of cultural literacy, demonstrating an understanding of the other’s potentially obscure reference and, demonstrating that understanding in the same “language,” conveys a sense of knowing, understanding, and accepting, that are all facets of implicit rapport.

Beyond the relational significance of the shared understanding, we also get to see the beauty of hypnotically informed psychotherapy. The response, “I got better,” can be appreciated as an interspersed suggestion (Erickson, 1966). Beyond Adam’s characterization of this woman as “a witch,” there is an underlying lament of distress. He likes her and is interested in cultivating a relationship with her. He finds her dropping in and out of his life distressing. The relationship is further complicated by this woman being the first one in whom he has expressed an interest since the loss of his wife. The desire and frustration are reminiscent of his early dating history. The response, “I got better,” in addition to communicating my appreciation of his reference, can also be understood as a prediction or positive prognostic indicator. The support and encouragement inherent within the response are aspects of implicit rapport.

Pacing, Leading, Entrainment, and Rapport

Pacing and leading are the building blocks of hypnotic responsiveness. We can pace both verbally and nonverbally. The former is demonstrated when one offers a set of truisms – “you are sitting in a chair,” “you can hear the sound of my voice,” and “you can begin to wonder” - to cultivate a “yes set.” We can amplify the impact of our pacing by timing the offering of the truisms to the client’s exhalation. Timing our words to the client’s exhalation promotes entrainment. A nonverbal behavior that Bock (2012) defined as “the unconscious synchronization of behavior (i.e., gestures, postures, facial expressions, and eye-gaze) and mood that occurs between people” (p. 1). Entrainment, like mimicry, is a naturally occurring relational dynamic that routinely operates outside of conscious awareness. It too, with mindful intent, can be strategically employed to promote rapport (Lakens & Stel, 2011). Nonverbal pacing can be seen in the clinician first synchronizing their breathing with that of the client and then, perhaps through exaggerated inhalations and exhalations, leading the client into a deeper, more relaxing respiratory pattern. Pacing, leading, entrainment, and rapport, like bringing an involuntary behavior under voluntary control, are intentional acts on the part of the clinician that are not likely to be noticed by the client. As these behaviors and interactive patterns are typically not consciously attended to, it is this intentional utilization of them to promote rapport that I am characterizing as implicit rapport.

Gestures

Gestures are a unique category under the umbrella of implicit rapport. Given the way our experiences are embodied (Barsalou, 1999; Beilock & Goldin-Meadow, 2010; Calise & Giese, 2006; Church & Goldin-Meadow, 1986; Goldin-Meadow & Beilock, 2010; Holt & Beilock, 2006; Neal & Chartrand, 2011; Niedenthal, 2007; Niedenthal et al., 2005; Wilson, 2002), gestures often accompany our communicative intent with little if any conscious attention. We can, however, harness gestures with strategic intent. One of these intentions can be to cultivate implicit rapport.

Gestures can be conceptualized in a variety of ways. McNeill (1992) offered three types of gestures: character viewpoint, observer viewpoint, and metaphorical gestures. Character viewpoint gestures are those offered as if representing someone doing something (e.g., miming holding a pitcher of water in one hand and a glass in the other and pouring imaginary water from the pitcher into the glass). Observer viewpoint gestures

represent what the observer would see (i.e., the gesturer representing the path of the water from the pitcher into the glass). Metaphorical gestures are employed to represent concepts (e.g., holding one's hands, palms up, and juggling them up and down to represent the concept of weighing something or things being in or out of balance). Although any of these types of gesture can facilitate implicit rapport, the use of character point of view and metaphorical gestures seem most indicated. Let's say your client has voiced a perceived vulnerability which they, heretofore, had been reluctant to acknowledge or share. See yourself inviting them to entrust you to hold that vulnerability, perhaps leaning forward and extending your cupped hands toward them as you ask them if it would be alright for them to allow you to "hold and develop an appreciation for that vulnerability." The hypnotically informed clinician will note the shift to "dissociative language," "that" vulnerability as opposed to "their" vulnerability. The atypical nature of the request, combined with the corresponding gesture and dissociative language, promote the depotentiation of conscious sets (Erickson & Rossi, 1976) and can segue into a conversational induction. The clinician who orchestrates such an intervention does so with a fair degree of certainty that it will be positively responded to. The client's willingness to hand their vulnerability over to the clinician, is a first layer of implicit rapport. Would you give someone you do not trust something that is precious and tender to you? How the clinician then appreciates the vulnerability, perhaps drawing it closer to themselves and looking at it lovingly and tenderly while simultaneously demonstrating one's gentle readiness to protect it, is another aspect of implicit rapport. Who would not feel relief around experiencing something previously perceived as too fragile or embarrassing to share, as being held and cherished by an "other" in a way that resonates empathically? Might you, the client, feel more valued and whole seeing something you were reluctant to share being treated in such a tender manner by your therapist? I contend that it is precisely these interactive moments where, beyond the ken of explicit awareness, implicit rapport is born and resides.

Utilization in the Service of Implicit Rapport

Jim is wearing a T-shirt that depicts a crab. He begins the session struggling to find the word to characterize his mood over the past few days. It is clear from his facial display and the few words he offers that are close but not quite right that he is struggling to characterize a foul mood. I offer "crabby." He looks puzzled for a moment and then, as this session is taking place remotely, notices the T-shirt that he is wearing, breaks into a broad grin and proclaims, "EXACTLY!" Noting and employing the T-shirt he is wearing falls into the category I refer to as utilization of other. His grin, enthusiastic endorsement of the characterization, and appreciation of how it is woven together promote that sense of feeling heard, recognized, and being understood. In this example, the client clearly recognizes my utilization of his T-shirt as a way to represent the mood he is struggling to label. Although I doubt he would recognize this as an example of what I refer to as "utilization of other," he clearly appreciates my having woven what he is wearing as an aid in characterizing his mood. It is the experience of being attended to in general, not the specifics of his attire, that resides on the implicit level. As this exchange promotes a sense of engagement and relatedness, I characterize it as an example of implicit rapport.

Tag Questions as a Variant of Implicit Rapport

Tag questions take declarative statements, “you can recall that time when you just knew you could do it,” and with the addition of a contraction, turn them into questions. “You can recall that time when you just knew you could do it, can’t you?” One can also employ the word “right” as an interjection at the end of a sentence to form a tag questions. “You can do that, right?” In order to answer the tag question, the client must check in with themselves. In essence, the tag question invites them to reflect on the declarative statement that precedes it. As the question is formulated to be answered in the affirmative, the client’s response is often a perseverative nodding of the head. Parenthetically, this head nodding is a common indicator of someone who is in, or heading into, trance.

One of the benefits of tag questions is that there is nothing to “resist.” That is, as the tag question is reflexive (i.e., it invites the client to ask the question of themselves) – who is there to resist? The response the clinician sees (i.e., the perseverative nodding of the head) is an ideomotor reflection of the client having answered the question they have asked of themselves.

The hypnotically informed clinician will note, in the first example of a tag question, the use of the “specific generalization.” This is a hypnotic formulation that pairs a definite article – this, that, these, those – with a more general concept. In this case, recalling “a time” when they just knew they could do it. This formulation of pairing a definite article with a general concept invites an unconscious search. That is, by using the definite article the clinician is indirectly suggesting that there is a *particular instance* of a time the therapist is referencing. What time is that? It is the time when the client just knew they could do it. It is this indirect suggestion that invites the unconscious search for the particular occasion that is presupposed to exist.

With strategic intent, tag questions become aspects of implicit rapport. As the declarative statement turned question is phrased in such a way, it invites the client to discover something positive or noteworthy about themselves. Because we are inclined to feel positive about those who like us or make us feel good about ourselves, the tag question that invites a positive self-reflection also promotes implicit rapport. It is implicit as the likelihood of the client being consciously or explicitly aware of the use and function of the specific generalization, let alone the positive self-evaluation that the tag question it is likely to elicit, is remote. As my very first clinical supervisor, Dr. Sandie Runes, told me, “Rob, it’s really very simple. We all want to feel liked and well received.”

The Relationship of Empathy to Implicit Rapport

Some readers may wonder what differentiates implicit rapport from empathy. This is a good question as, in my conceptualization, empathy is an essential part of rapport in general and implicit rapport in particular. We tend to like or feel comfortable in the presence of people who we experience as friendly or empathetic toward us. Empathy is a relational factor that can be utilized to promote and enhance the therapeutic alliance and, therefore, becomes an element of implicit rapport. Two clinical vignettes will be used to highlight this.

Will is a playwright whose works have been professionally produced and staged. He was recently speaking about an e-mail he received from an artistic director, Sarah, with whom he has worked in the past. He was deeply touched by Sarah’s e-mail. She

expressed, in the honest and heartfelt manner that Will so appreciates from her, her enjoyment of the latest play he submitted to her. More importantly, he was delighted by her understanding of the piece. Not only did she understand his intention with the play, she accurately captured and personally resonated with his experience of the world that motivated him to write the play in the first place. He concluded his remarks about Sarah's e-mail and their history with, "she gets me." He contrasted this experience with another one in which the reviewers of an earlier play, "panned it." He was disturbed by the reviews, not because they were bad but because the reviewers "clearly did not get the play." This was not sour grapes but rather a disappointment that his message was lost. In response to his feelings around Sarah's e-mail and his respect for her and her skill as an artistic director I simply commented that, "it's nice to be gotten, isn't it?"

The hypnotically informed practitioner will again note the use of the tag question, "isn't it?" The declarative statement, "it's nice to be gotten," gets turned into a question. This causes the declarative statement to become an introspective question, "is it nice to be gotten?" As previously mentioned, the clinician will often see ideomotor signaling in the form of a perseverative nodding of the head, as the client internally affirms for themselves that "yes, it is nice to be gotten."

Will's enjoyment of his relationship with Sarah, his appreciation for her directness, and respect for her way of working with all members of the cast and crew makes her "getting him" all the more meaningful. Recognition, demonstrating that same experience of being gotten, is an example of what I mean by implicit rapport. By empathically resonating with Will's experience of being gotten by Sarah, an experience that brings depth and vibrancy to that relationship, I am simultaneously affirming how good that feels and enacting it in the therapeutic encounter. I label it implicit as I do not believe that Will is consciously or explicitly noting "Oh, Rob is doing what Sarah does." I do, however, believe that my utilization of Will's language, the language of being "gotten," resonates on an implicit level and has a positive effect on the rapport that exists between us.

A second example of the relationship between empathy and implicit rapport can be seen in the following vignette. A clinician who is in consultation with me reported that a long-term client of hers succumbed to the recurrence of a cancer that had been treated some 20 years earlier. She was clearly distressed over the loss of this client, a woman with whom she had worked for a long time and who she had seen mature and flourish over the course of treatment. Beyond her own distress was her empathic resonance for this woman's husband and their young son. The clinician was well aware of the love her client felt for her husband and son and was attuned to the gravity of her loss on them.

My interest was on the clinician's well-being. The client who died was one she had spoken about regularly in the course of consultation. Her distress over the loss was evident. As she spoke about her interactions with her client's husband, a man she had met over the course of his wife's treatment and the person who called to inform her of his wife's death, I wondered whether she would have the opportunity to mourn her loss and obtain some degree of closure, perhaps by attending the funeral. Out of my concern for the clinician, I asked if she would attend the funeral. She stated that she would follow the widower's lead. If he sent her information about the funeral arrangements, she would go. She is a seasoned, skillful clinician who is clearly able to separate her needs from those of her clients. She is clearly willing to put the needs of her client's family ahead of her own.

Empathically recognizing her distress and admiring her willingness to respect the needs of the family are among the types of behaviors that lead most clinicians to declare “the relationship” as an essential, mutative element in the therapeutic process. Beyond resonating with her distress, noting the selfless wisdom of following the family’s lead facilitates implicit rapport. Recall that this vignette takes place within the context of consultation, a relationship with an implied hierarchy. Being mindful of and utilizing the implied hierarchy of the consultant-consultee relationship, the combination of empathic resonance and the admiration of a valued colleague, is affirming and contributes to implicit rapport.

Courtesy and Respect as Domains of Implicit Rapport

I routinely take copious notes during the initial consultation. At some point in the course of the interview I will remark that, “I think it is rude to take notes when you’re talking with someone, but it has been my experience that a lot of what comes out in the initial session is often very helpful in outlining the course of our work.” When you think about this statement for a moment, what impresses you? For me, communications in this statement include: “you are worthy of and deserve respect.” “I am paying close attention to what you say.” I am listening and anticipating how we will address your concerns. Although these are not explicit statements, I contend that they are “appreciated” for their implicit message; who you are and what you’re doing are important. That message facilitates rapport.

Approval and Affirmation as Elements of Implicit Rapport

John’s son, Tim, is a freshman in college. Having heard that the course he needs is not well rated on his campus, Tim wants to take the course online from a different university. John, who appreciates his son’s reasoning, is concerned about Tim’s ability to do this while being away at a summer camp where he will be working. John’s response to his son’s, “dad, don’t worry, I will work it out,” is “alright, work it out.”

In our conversation, he shares his concerns about how his son will manage this. As we process this, I tell him the story of my friend, Shep, who recently retired from his career as a teacher. Shep, recounts how over the years of parent-teacher conferences, he suggested to parents that they “stay on the platform.” What he meant by this is that, like riders on a roller coaster, the events and occurrences in our lives and the lives of our children are full of ups and downs. Where one is at any particular moment in their journey will influence perceptions, moods, actions, etc. As implied in Shep’s metaphor, how we as parents/friends/therapists can often be most helpful is by remaining a relational source of rootedness. Winnicott (1958) referred to this as the holding environment. My telling this story to John is a variant of what Lankton and Lankton (1983) refer to as a “matching metaphor.”

Telling John about Shep’s phrase on the heels of John having demonstrated what it is that Shep is advocating is what moves this into the realm of implicit rapport. That is, by having referenced my friend in a laudatory manner I am implicitly affirming the posture John has adopted with his son. I conclude this piece of work with a more explicit conversation with John. The strategic intent of this is twofold. On the one hand, it serves as a micro amnesia (Erickson, 1959, p. 20), distracting John away from the laudatory comparison. More importantly, it invites John to appreciate the wisdom and benefits of his stance toward Tim. By asking John how he imagines this interaction with Tim will impact him, John

recognizes the implicit messages he is sending to his son. John notes, “I trust you.” “You have the skills necessary to figure this out,” and “I’m giving you the respect you deserve.” In this latter conversation, John recognizes how he is esteeming his son and promoting his budding autonomy by trusting that Tim will figure it out and make decisions that are right for him. My inviting John to discover and affirm for himself the good job he is doing as a parent implicitly enhances the rapport between us. He feels good about himself as a result of our interaction. Again, like the fine line between mimicry and imitation, if the clinician’s praise and affirmation come across as flattery rather than honest, genuine expressions, they are more likely to hamper rather than advance the therapeutic relationship.

A second example of how praise can facilitate implicit rapport can be seen in the following vignette. A junior colleague is speaking with me about a client with whom they are working. The clinician reports that the client, at the close of their intake interview, references something significant about their marriage. Following this disclosure, the client notes that it probably would have been helpful if they had disclosed that earlier in the interview. The clinician reported not being sure how to handle this example of “doorknob therapy.” I offered, “It’s been my experience that people with that kind of self-awareness tend to do very well in therapy.” Taking a closer look at this hypothetical interaction, the client indicates an awareness that the information they are disclosing at the end of the interview is something that is likely to have been important to present earlier in the interview. Given the client’s self-awareness, we can wonder why they may have waited to make this disclosure. As it was an intake interview, they may have been assessing whether the clinician is someone they can trust before revealing more about themselves. It may have been an issue of embarrassment that led them to forestall the disclosure. Regardless of its etiology and timing, embracing the disclosure and utilizing the client’s reluctance for a positive reframe, are likely to provide this client with the sense that the clinician is accepting and gracious rather than punitive and judgmental. As Erickson (1959) notes, “in techniques of utilization the usual procedure is reversed to an initial acceptance of the patient’s presenting behavior by the operator and a ready cooperation with it by the operator, however seemingly adverse that presenting behavior may appear to be in the clinical situation” (p. 3). Someone anticipating being judged yet instead received acceptance is likely to experience a sense of relief. This relief is likely to be felt but is unlikely to be consciously examined by the client. This felt sense is another dimension of implicit rapport.

Ego Strengthening

Receiving support and encouragement is very nice. Unfortunately, many clients have had too little of this in their lives. The result is often feelings of inadequacy, low self-esteem, and limited self-worth. Here too, a trusting, confiding relationship can serve as a salve. Again, there is a fine line between support and encouragement on the one hand, to “cheerleading” that is apt to ring hollow if it is too incongruent with the client’s self-evaluation on the other. Clinicians often offer ego supportive or ego strengthening suggestions or engage in activities designed to promote and develop a sense of efficacy and healthy self-esteem. Employing implicit rapport with strategic intent to promote ego strengthening can be quite simple. This can be seen in the following clinical vignette.

Perry is a self-identified “queer” writer finishing up a Master of Fine Arts degree. They oscillate between being very pleased with and excited about their work and feeling

like it is never going to be good enough. In a recent session, Perry sheepishly reported that they had just completed some new poems. I asked if they would be willing to share them with me. They displayed a look of quiet gratitude as they asked, “you’d be willing to take the time to read them?” I responded that, “I never offer to do anything that I am not willing to do.” As we are talking about communications that occur on an implicit level, one can attend to the implied messages inherent in my response: “yes, I would be willing to do that.” “I am a person of my word.” “You can trust me.” Perry did send their poems. I did read them. The sessions that followed their having shared their writing deepened Perry’s comfort and faith in our relationship. This was evidenced by a deeper level of self-disclosure and a wider range of content areas introduced into treatment.

Some Closing Remarks

There are literally hundreds of theoretical orientations and models of psychotherapy. How a clinician conceptualizes the process of psychotherapy informs and influences how they assess and intervene. Implicit rapport is a transtheoretical dimension of the therapeutic process.

Implicit rapport is a naturally occurring phenomenon. Simple acts of kindness, showing interest, attending to the care and well-being of others, all foster rapport implicitly. Being mindful of the existence of implicit rapport allows the clinician to actively cultivate and utilize it.

Each clinician has their own beliefs about and degree of comfort with regard to issues like privacy and self-disclosure. Some, for example, would never consider attending the wedding or funeral service of a client. Others are likely to make these kinds of decisions on a case-by-case basis. Whether the clinician is comfortable with self-disclosure or adopts a posture of *tabula rasa*, implicit rapport exists and is available to be utilized. The intent of these introductory remarks is to orient clinicians to the concept of implicit rapport as a core element of the therapeutic relationship. As “the relationship” is noted to be a significant factor in successful psychotherapy, being aware of and attending to implicit rapport can be an initial step in fleshing out the nuances of what it is that makes the relationship the powerful dimension of the psychotherapeutic process that it is.

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Impliziter Rapport: Einige einleitende Bemerkungen

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Zusammenfassung: "Die Beziehung" wird oft als ein wesentlicher Aspekt erfolgreicher Psychotherapie genannt, aber was ist an der Beziehung, die zu positiven Behandlungsergebnissen beiträgt? In diesem Artikel wird das Konzept des impliziten Rapport vorgestellt, das in der Sozialpsychologie als ein Element des Einflusses bezeichnet wird. Einfluss ist das, worauf Menschen reagieren, ohne sich dessen bewusst zu sein, worauf genau sie reagieren. Impliziter Rapport wird hier als eine Kategorie von Verhaltensweisen oder Interventionen definiert, die im Rahmen klinischer Begegnungen auftreten und darauf abzielen, ein Gefühl des Kennens, Verstehens, der Wertschätzung und der Sicherheit zu fördern. Sie wird als implizit bezeichnet, weil die verschiedenen Interaktionen, auf die sie sich bezieht, vom Klienten wahrscheinlich nicht offen oder explizit wahrgenommen werden, aber nichtsdestotrotz seine Bereitschaft beeinflussen, sich auf die Arbeit der Psychotherapie einzulassen. Es werden klinische Vignetten vorgestellt, um Beispiele dafür zu liefern, wie impliziter Rapport konzeptualisiert und verwirklicht wird.

Rapport implicite: Quelques commentaires introductifs

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Résumé: La "relation" est souvent citée comme un aspect essentiel d'une psychothérapie réussie, mais qu'est-ce qui, dans la relation, contribue à des résultats positifs dans le traitement ? Cet article présente le concept de rapport implicite qui, dans le langage de la psychologie sociale, est un élément d'influence. L'influence représente ce à quoi les gens répondent sans avoir conscience de ce qu'ils répondent exactement. Le rapport implicite est ici défini comme une catégorie de comportements ou d'interventions qui se produisent dans le contexte des rencontres cliniques et qui sont conçus ou destinés à promouvoir un sentiment de connaissance, de compréhension, de valorisation et de sécurité. Il est qualifié d'implicite parce que les diverses interactions auxquelles il est fait référence ne sont pas susceptibles d'être reconnues ouvertement ou explicitement par le client, mais influencent néanmoins sa volonté de s'engager dans le travail de psychothérapie. Des vignettes cliniques sont présentées pour illustrer la façon dont le rapport implicite est conceptualisé et actualisé.

Relación implícita: Algunos comentarios introductorios

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Resumen: "La relación" se cita a menudo como un aspecto esencial del éxito de la psicoterapia, pero ¿qué hay en la relación que contribuye a obtener resultados positivos en el tratamiento? Este artículo introduce el concepto de la relación implícita, que, en el lenguaje de la psicología social, es un elemento de influencia. La influencia representa aquello a lo que las personas responden sin ser conscientes de lo que están respondiendo exactamente. La relación implícita se define aquí como una categoría de comportamientos o intervenciones que se producen en el contexto de los encuentros clínicos y que están diseñados o destinados a promover una sensación de sentirse conocido, comprendido, valorado y seguro. Se caracteriza como implícita porque la variedad de interacciones a las que se hace referencia probablemente no sean reconocidas abiertamente o explícitamente por el cliente pero, no obstante, influyen en su voluntad de comprometerse con el trabajo de psicoterapia. Se presentan viñetas clínicas para proporcionar ejemplos de cómo se conceptualiza y actualiza la relación implícita.

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