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Changing Behaviour

BUILDING RAPPORT WITH PATIENTS: ACTIONS SPEAK LOUDER THAN WORDS

The use of language is obviously very important in effective communication, and gives important clues as to how people make sense of the world around them, and how they understand their experiences, as we saw in an introduction to neurolinguistic programming (NLP) in the last issue of *BJPCN*. In this article, we will look at how to use effective body language and non-verbal communication to its fullest extent in the clinic setting.

Have you ever met someone and instantly got along with him or her? In these cases, have you ever noticed that you sit in similar ways when talking to them? Next time you go to a restaurant, watch the people around you deep in conversation and notice how their arms move in symmetry or synchronisation, how they laugh at exactly the same time or take a drink at the same time. This is rapport.

One of the basic teachings of NLP is the **law of requisite variety** (also known as the first law of cybernetics – cybernetics is the science of systems and controls in animals, including humans and machines). This

law states that in any cybernetic system the element or person in the system with the widest range of behaviours or variability of choice will control the system. Simply put, this means the person who can adapt their language and behaviours with the most ease will be the most understood and followed by others.

The key thing about human beings is that people like people who are like themselves. In understanding this and using the teachings of neurolinguistic programming, we can make ourselves more agreeable to our patients by purposefully using similar body language and voice patterns.



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Please don't think I am supposing you are not already agreeable to your patients! Indeed, a lot of this article goes through what you probably already do unconsciously; for example, if you are talking to someone who is seated, you automatically sit down yourself, because it feels uncomfortable not to. In conversation, we tend to match the amount of eye contact our conversation partner gives us.

If you bring these unconscious skills into your conscious mind you can practise and hone them to perfection, so you can build rapport and, more importantly, trust, with anyone at any time.

So, how do we build rapport in practice? Using similar language is definitely one aspect of linking into people's thought processes, but research shows that good communication comprises:

- 7% words
- 28% tone of voice
- 56% body language and non-verbal cues.

TONE OF VOICE

This includes the pitch, speed, quality (timbre) and volume of the voice. Humans are very sensitive to voice. We make meanings and draw conclusions mainly from **how** things are said rather than **what** is actually said, as parents of teenagers will know all too well!

We can establish rapport by matching voice. Firstly, try to match the speed. If someone speaks fairly quickly, speed up your voice a little. If a patient speaks slowly, slow your own speech slightly. If you are a man speaking to a woman, don't artificially raise the pitch of your voice too much but just raise it slightly above your normal pitch, and vice versa if you are a woman speaking to a male patient.

Practise and see what happens. You will be surprised by what a difference it can make to the quality of the communication. You will find yourself not having to repeat instructions as much, as what your patient hears will be similar to their own voice so they will pay closer attention. And, of course, you will already be using words that mean something to the patient's internal representational system (see previous article, *BJPCN* 2008; 5: 90-93).

PHYSIOLOGY

This relates to our posture walking or standing, the gestures we use, facial expression, and the rate and depth of breathing. If we can match – or mirror – some or all of the patient's body language and non-verbal cues we can create an environment of trust and understanding. The intention is to indicate to the patient's unconscious mind that you are like them.

Of course, the caveat to this is not to match or mirror abusive, threatening or bizarre behaviour that would create a very different atmosphere to your consultation!

The key focus is the unconscious mind. Your patient's unconscious mind, like yours, is active all the time. It looks for 'like' minds and 'like' people to feel comfortable with. When you match or mirror their body language, the unconscious mind says, "Hey, this person is like me", and so the behaviour of the person alters towards you, judging you as being more acceptable.

Remember that matching or mirroring someone's body language is not mimicry. This would be instantly noticed and probably found to be threatening. It should be more of a complementary movement, a bit like dancing.





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EXERCISE

Try this experiment. Pick a conversation with a peer, or someone at home – not a patient to begin with. As you talk and keep the conversation going, start to slowly, subtly match your companion's body language, as if you were looking into a mirror. Hold yourself in the same way, move your arms into a similar position, likewise your legs.

Start to match, when appropriate, the size and frequency of their gestures and notice changes in yourself and your companion. Finally, match their breathing patterns. If they speak quickly, they are likely to be shallow breathers and use mainly the upper part of their lungs. Slower speakers tend to breathe from their stomachs. Match your voice and breathing rate.

Here's a tip: if your partner is talking, they are breathing out, so, as they talk you breathe out to regulate yourself to them.

As you practise, ask yourself whether the communication flows differently? At first, it seems like they will 'find you out'. It may feel unnatural, and you may worry they will ask what you are doing. But believe me, the changes you are making are so subtle that your conversation partner's conscious mind will ignore them. However, their unconscious mind is taking it all in: you will see and feel the difference as you are doing it.

One of the first times I practised this was at a meeting. I did not know the chairperson and was quite nervous. When I walked into the room, I sat down in the same slightly slanted way in which she was sitting, and smiled. She smiled back and started to talk to the person beside me.

I noticed that she had her arm bent across herself in an unusual way and thought, "There is no way I can do that, and she will definitely think I am crazy!" However, I had set myself a challenge, and slowly moved my arm into exactly the same position, while listening to the conversation and checking her breathing rate. I quickened my breathing slightly to match hers and waited. She

turned towards me and I smiled but was thinking, "Oh this is it, she will definitely think I am a nut!" But, she actually said, "Wow, what a lovely necklace, my husband bought me one just like it last week," and we just 'clicked'. It's a great feeling.

Her unconscious mind had seen me. Consciously, she was talking to someone else, but in that same moment her unconscious said, "Hey, look, she is like me".

I know it's a lot to begin with, but practice makes perfect and, as you practise, your unconscious mind will learn how to do this with ease with everyone you meet. Once you have practised a little in a safe environment, practise with patients and see the difference it makes.

SUMMING UP

Always remember, the meaning of a communication is the response you get. The message you send may be received differently by different people due to their life experiences and how they make sense of the world around them. Their 'maps', or the meanings they attach to words and gestures are probably different from yours and no one person's 'map' is better or worse than any other, or even reflects reality more than any other.

Watch for the response you are getting from your patients. If it's not the type of response you want, try to make yourself more like the person in subtle ways. This will help their unconscious mind to be more responsive to you and effective communication should become easier. Neurolinguistic programming can be used in a variety of therapeutic ways and can be extremely useful in developing your own self-esteem and confidence as well as helping you to communicate better with your patients.

more information

- *Frogs into Princes* by Dr Richard Bandler and Dr John Grinder. Real People Press 1990. ISBN 13: 978-1870845038
- *The way of NLP* by Joseph O'Connor and Ilan McDermott. Thorsons 2001. ISBN 10: 0007110200
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