

How Do I *Prepare* Others for what I Want to Say?

Part II

Robert Brooks, Ph.D.

My [April article prompted responses from a number of readers](#). One common message was that they had faced situations similar to at least one of the scenarios I described and were eager to hear how I responded in the different situations. One reader wrote that she had heard me speak and had read several of my books and attempted to guess what I said in each vignette to “prepare” others to experience my message in an empathic, nonjudgmental way.

As I reflected on the comments I received and as I was writing this article, I realized that unless Part II was to be at least three or four pages longer than planned, I would have to divide it into two articles, adding a Part III next month. I decided to go with the latter option for two reasons. First, I wanted to explain in greater detail the rationale for the interventions I chose so that the actions I initiated would be more understandable. Second, based on questions that often arise during my presentations, I thought it advisable to identify beliefs that can serve as obstacles to effective change. Let’s look at these beliefs so that we might avoid the traps they represent.

Beliefs that May Serve as Obstacles

In last month’s column I wrote what may seem obvious, namely, that there is not one “right” response to the challenges presented in each scenario. This assertion should not be interpreted to suggest the absence of reliable guideposts to direct our responses in different situations. Rather, the “not one right answer” position recognizes and honors the complexity of human emotions and thoughts and acknowledges that each person is guided by expectations and assumptions that influence their behaviors from one situation to the next. Adding to this complexity is that a successful action at one time may not prove effective at another time. It is my hope that we embrace this everchanging landscape occasioned by human complexity by displaying a greater determination to identify guiding principles that will help us implement effective strategies across different situations.

A related deterrent for successfully managing the challenges described in the vignettes presented in last month’s column is one I have often witnessed in my clinical and consultation practice. Although patients or consultees desire that a problematic situation be resolved and have even sought my advice to do so, some will quickly reject any possible solution that is offered. I

have frequently heard the refrain, “I’ve already tried this and it doesn’t work so can you come up with new ideas?” or “Maybe it works for some people, but not with me or my spouse (children, students, employees, others).”

The reasoning that prompts these kinds of comments are varied. At times they are housed firmly in the belief, “Other people are the ones causing my problems and they should be the ones to change, not me. You should be seeing them since if you help them to change, then my problems will be solved.” A related reason for people saying a particular action will not be successful is that they are burdened by a sense of hopelessness, convinced that things are not likely to improve. As a therapist I’ve heard, “I came in to see you at my spouse’s (or doctor’s) suggestion, but to be honest, I feel what’s the use, nothing I do is going to help.”

I constantly address these issues of pessimism in my work. If I am to develop a positive relationship with individuals in therapy or in consultations, it is imperative that I convey respect and empathy, especially if they subscribe to the view that things will not improve or that things will only improve if significant others in their life change first. Depending on the situation, I attempt to say something that captures the following sentiment: “I know that at this point, based on previous experiences you have had, you are not optimistic your situation will improve. Yet, I sense that you would really like things to get better. Perhaps we can learn from what didn’t work in the past and consider different steps we might take now to slowly improve the situation.”

My goal in voicing these words is not to minimize or dismiss the pessimism that pervades their lives. An attempt to question or minimize the importance of another person’s emotions or viewpoint rarely, if ever, has a positive outcome. If anything, such a stance contributes to a rupture in the relationship. If my goal is to create an atmosphere that facilitates change, it is essential that I first validate a person’s feelings and thoughts. Validation does not mean you agree with someone’s perspective, but rather it demonstrates your willingness to understand their perspective and interact with them in a respectful fashion.

A change in attitude from pessimism to optimism is essential if constructive change is to occur. If before we begin an action we already believe that it will not be effective, the probability is that it will not. Conversely, if we expect that there is a strong likelihood our actions will eventuate in success, there is an increased chance that a positive outcome will occur. An expectation for success is typically associated with planning carefully to ensure success. As has often been voiced, “You get what you expect.”

In essence, I am suggesting (perhaps this is a message of *preparation*) that if in considering my response to the different vignettes you think, “I tried this and it didn’t work” or “This will never work in my situation,” I would encourage you to adopt the following attitude, “While this seems similar to something I have attempted but was not successful with in the past, I think it will be worthwhile to figure out how I might modify some of these strategies so they prove more successful in the future.”

One possible technique for reinforcing this proposed change of attitude is to use the technique of “mental contrasting” developed by psychologist Gabriele Oettingen and described in her book *Rethinking Positive Thinking*. The technique involves people considering not only their goals and strategies but also obstacles that might arise as they strive to fulfill their goals. To ensure that reflecting on possible obstacles does not serve as a catalyst for a negative mindset or a self-fulfilling prophecy for failure, mental contrasting also requires that we consider in advance the ways in which we will respond to these possible obstacles should they appear. Identifying possible obstacles and being prepared to manage them as we pursue our goals promotes problem-solving skills, personal control, and optimism.

The Guiding Questions

As we turn to the first vignette I described in last month’s article (the others will be presented in next month’s column), I am recommending that we keep in mind not only the counterproductive beliefs noted above but also the basic questions I listed in my April column—questions that are representative of “empathic communication” and serve as guideposts for the actions I initiate. They are:

“In anything I say or do, what do I hope to accomplish?”

“Am I saying or doing it in a way that the other person (people) will be most likely to hear what I have to say, not become defensive, and respond in a constructive manner?”

“How do I *prepare* people to hear a message that I believe they may disagree with and even find critical, thereby lessening the probability that they will immediately dismiss or get angry with what I am attempting to communicate?”

A Vignette and Possible Responses

The first scenario I presented in last month’s column involved George, a staff member at a residential treatment center, and Ralph, a teenager in the program. George confronted Ralph about his provocative behavior, especially towards younger children, behavior that Ralph denied.

When George persisted in giving Ralph examples of the behavior he was denying, the latter became increasingly angry, attempted to shove George, and had to be physically restrained by several of the staff.

At a consultation meeting, George acknowledged that given Ralph's impulsivity and failure to accept responsibility for his behavior, his outburst was not totally unexpected. George added that sometimes kids had to be confronted, even given the possibility of an outburst, or else they would never learn to take ownership for and change their behaviors. I agreed that we could not allow Ralph's behavior to continue. I raised the question if there are ways of preparing kids such as Ralph who are impulsive and not likely to accept responsibility, to reflect upon what we have to say rather than displaying an angry, knee-jerk reaction.

As a therapist for both children and adults and as principal of a school for inpatient kids at a psychiatric hospital, I've done a great deal of thinking about the three questions listed earlier. I've found that similar to Ralph, some individuals are quick to interpret the comments and questions of others as accusatory or judgmental. They fail to reflect on the merits of the comments, instead responding with denial and/or anger. The original intent of the message is lost in a sea of strong emotions. As psychologist Daniel Goleman observed in his book *Emotional Intelligence*, this situation involves the "amygdala being hijacked," that is, an emotional response that is immediate, intense, often irrational, and out of context with the actual event. This hijacking occurs as a result of a perceived threat that in reality may not be a threat at all.

In my professional activities I have spent much time considering the question of how to minimize the possibility that my message will not be eclipsed by strong emotions. Certainly, if the overall relationship I develop with a patient or consultee is positive, they are less likely to experience my message as negative and less likely to resort to an angry, defensive posture.

One strategy that I have found very helpful in reducing the possibility that the amygdala will be hijacked is to acknowledge in advance how others might interpret my message. For example, with individuals such as Ralph who seem "poised for attack," instead of my persisting in enumerating their misbehaviors with the hope that they will finally accept responsibility for their actions, a strategy that is almost certain to prompt an angry response, I begin with a comment such as this:

"I have something to say to you, but once I do, please let me know if you agree or disagree with what I am saying."

Or the wording could be modified depending on the person and situation. “I have something to say to you, but please let me know if you think I’m not understanding the situation and perhaps even being critical. The reason I’m mentioning this is in case you feel that way, please know that’s not my intention at all. My intention is to figure out with you the best ways to improve.”

Another example. When I meet with parents to review an evaluation I have conducted with their child and I am aware from previous sessions with them that some of my findings are different from what they expect, I find it helpful to prepare them by observing, “As I discuss the findings of the evaluation, if anything I say does not sound like your child or if I’ve missed something, please let me know. It’s not that I’m right or you’re right or either of us is wrong. Rather if the test results and your observations differ, our goal is to try to figure out how to understand these differences so that we can develop a treatment program that will be most beneficial for your child.”

The intention of these comments is to reduce the possibility of the emergence of strong negative emotions that work against a cooperative atmosphere. I should note that when I’ve given these kinds of clinical examples during my workshops and described how helpful they’ve proven to be, I’ve been asked several questions, including the following two:

“What if others don’t disagree with you and don’t feel you’re being critical or unfair?”

“Can these words of preparation be experienced as not genuine and manipulative?”

In answering the first question, I note that in my experience nothing is lost if others don’t disagree with me or if they don’t feel I’m being judgmental. If anything, I’ve found these words of preparation serve to convey empathy and caring and reinforce a positive relationship, whether people agree with my preparatory comments or not.

The second question encourages that we remind ourselves of the goals and purpose of the interactions we have in any relationship, including those that involve clinical, consultation, and leadership activities. If a primary goal is to enrich the relationship and the lives of others, then the actions we take to achieve this goal are likely to be rooted in and experienced as a genuine sense of caring and not manipulation. The relationship will be strengthened within such a context.

I will describe other forms of preparation as well as “joining” techniques via the other scenarios introduced last month. As promised, I will also discuss an article I read recently that

examines and identifies words and phrases that help us to communicate more effectively and that minimize miscommunication and misunderstanding.

<http://www.drrobertbrooks.com/>