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“Rapid Induction – What’s the true benefit?”

By Leon Cowen

Any Clinical Hypnotherapist would identify the importance of the ‘hypnotic induction’ process as paramount for a successful consultation with a client. Many clinical hypnotherapists elect to use ‘rapid induction’ techniques (as used in stage hypnosis) in a clinical setting.

Donald Robinson describes his adaptation of the Dave Elman¹ technique and says “It has gained popularity with hypnotherapists because of its ability to create deep trances extremely quickly and reliably.” When the technique is examined is it really a rapid induction? In fact what is a rapid induction and what are the benefits over and above those of normal “slower” inductions?

There are divided views on this topic. Each faction holds their opinion staunchly, often without substantiating fact. Comments of “in my 20 years of experience”^{2,3} do not present opinions which can be validated by other clinical hypnotherapists. Whilst they cannot be fully discounted should we not look behind the techniques and “it does need to be tailored to the patient’s needs”?⁴

What are the perceived benefits of rapid inductions? These are a few comments:

- 1 the quicker the induction, the more time that can be devoted to the actual therapy⁴
- 2 client’s expect something different and the rapid induction can be a conscious convincer⁵
- 3 can take a client to a deeper level faster i.e. more comfortable more quickly⁵
- 4 the rapid induction can bypass fears and anxieties⁵
- 5 overcomes the risk of the client going to sleep⁶
- 6 For use in emergency situations eg car accidents

What are the perceived pitfalls of rapid inductions? Some comments to consider:

- 1 Perpetrates some of the myths about hypnosis as seen in stage shows

- a. Loss of control for the client
- b. Loss of contact with real world whilst 'under the control' of the hypnotist
- 2 Breaks rapport with the client
- 3 Client feels they may be out of control
- 4 Saves no consultation time as deepening (usually) still needs to be undertaken

The Integral Hypnosis website ⁵ says "One of the reasons that a rapid induction is possible in stage hypnosis is because the subject is carefully screened for optimum suggestibility." If this is the case would a post hypnotic suggestion for the client to re-enter the hypnotic state work equally well?

Also in the same reference ⁵ it is pointed out that Milton Erickson used the establishment of rapport as a very subtle yet immensely effective induction process.

Why do rapid induction techniques work? It has been postulated ⁶ that the mind's response to shock and surprise bypasses the relaxation response and induces a person into hypnosis. This state can then be adapted for therapeutic outcomes.

Dr Michael Lytton of the James Braid Society ⁷ states "Rapid Induction starts from the moment you first greet the patient." He outlines five stages as well as a "depth and deepening" outline. Although Dr Lytton talks about rapid inductions the techniques that follow the induction would seem to circumvent any time saving.

Without empirical data into the effects of rapid induction techniques we only have anecdotal evidence on which to rely. That does not mean anecdotal evidence is invalid, only that it needs to be assessed in light of all other anecdotal evidenced.

The author's personal view is that rapid inductions have their place. However unless done with precision (as in a stage presentation) the term 'rapid' is a misnomer. The aim of the rapid induction as done on stage is not only to induce the hypnotic state but to also use the 'rapid technique' as a deepening.

Are the users of rapid inductions claiming they do not need to deepen their clients? Does their application of the rapid inductions negate the need for deepening techniques? If this is the case then the techniques would in fact save time and advance therapeutic processes.

It is not my experience that this is the case. The techniques outlined in references 1 – 7 as proposed by a variety of Clinical Hypnotherapists from around the world do not demonstrate the lack of need for a deepening technique after the rapid induction has taken place.

Could it be that we need to define the role of the induction? A definition developed by the writer is 'getting eye closure and initiating the relaxation response'. I acknowledge this definition is broad and open to discussion, yet after the eye closure is achieved and the relaxation response is initiated does not the deepening commence?

Workshops and courses which teach rapid inductions are well attended and generally enjoyed by those attendees. At an AHA workshop in July 2002, Ms Margaret Tomko taught a variety of Rapid Inductions. These were educational, impressive and professionally demonstrated. They outlined the phenomena and gave the participants the opportunity to use the techniques in a controlled situation. There is no doubt that the application of the techniques to those present allowed them to enter the hypnotic state quickly and easily.

Many hypnotherapists place immense importance on the induction technique. It is seen as an integral part of the hypnotherapeutic process. It is in reality the same as putting the key in the ignition of your car and starting the engine. It is an important aspect of the journey but once the engine is running the starting process becomes redundant. Ultimately the safe journey is the desired outcome and all resources are directed towards that goal.

The therapeutic consultation is analogous to the car scenario. Once the induction process is complete the therapeutic outcomes are the primary objective and the techniques to achieve those outcomes are the primary focus.

I have researched a number of text books to establish other writers views on rapid induction. Very few even comment of the phenomena although some write about techniques which could be interpreted as rapid inductions.

The question that now remains to be answered is what is the role of rapid induction techniques in a hypnotherapy practice? The intention of this article was not to answer the question but merely to postulate the existing dichotomies.

References:

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- 7 http://www.jamesbraidsociety.com/past_02mar.htm

Author:

Leon W. Cowen
Executive Director
1st Flr 302 Pacific Hwy
Lindfield NSW 2070

Tel: (02) 9415 6500
Email: leon@aah.edu.au
Website: www.aah.edu.au