The Ethics Of Utilizing Instant And Rapid Inductions

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Those of you who know me are aware how deeply I believe in the truthful, ethical and responsible representation of the profession of hypnotherapy. I hold no love for those who would use our profession for the employment of any unethical purpose, the misrepresentation of unrealistic or unearned titles/degrees or the educational/financial abuse of the new practitioner entering our profession. This will probably make for some interesting articles in the future. I feel confident the column's direction would make Professor Orlick feel excited. Nuff said, let's get on with the topic of this issue.

For many years the use of clinical instant and rapid inductions were unheard of by the hypnosis practitioner. Instructors were never taught the advantages of using these inductions, how to use them or they were simply ignored. Consequently, they were not included in their training curriculum. The few who were aware of these inductions, believed only the stage hypnotist should ever consider using them. Others considered them violent in application and felt they could possibly harm the client. It was also believed these inductions would not induce a deep enough working level of trance. Many "gurotic" (kinda like guru) instructors still stand by these beliefs and continue to teach, what my experience tells me, are erroneous concepts.

There is no blame or fault placed on these veteran instructors for their beliefs in these concepts. If they were never instructed in how or, more importantly, why these inductions work, then followed by substantial practice on subjects; the misunderstanding of the appropriateness and value in the clinical environment is easily understandable.

Most training today is based on some variation of progressive relaxation as the primary induction of choice. Many teach this induction exclusively in their training's with no exposure to any other forms of induction. Since the late 1700's, this has been the only induction known by most hypnosis practitioners.

It is necessary to grow and expand our knowledge. Imagine if the medical field refused to learn new techniques and stayed with the knowledge of 1700's. They would still be slitting wrists and bleeding patients to treat consumption! Imagine what it would be like with no progress in the automotive industry after Henry Ford invented the Model T. It's time we too progressed. I suggest the profession consider severely limiting the use of this primary induction of a past era during this exciting new millennium.

Let us take a moment to define hypnosis. There has never been any one

accepted definition of hypnosis. Every hypnosis instructor has had his/her own definition. A universal definition was needed. Now, The United States Government, Dept. of Education, Human Services Division defines hypnosis as "The by-pass of the critical factor of the conscious mind (a persons analytical and judgmental ability) followed by the establishment of acceptable selective thinking." (Suggestions and therapy that the client wants and feels good about.) Notice the absence of the word relaxation in this definition. It has been discovered deep relaxation, in many cases, is not needed to by-pass a clients critical factor and achieve deep somnambulistic hypnosis. More and more hypnosis training instructors are now using this government standardized definition in their training's.

Please do not misunderstand me. The progressive relaxation induction is fine for certain clients. Unfortunately, it is also useless on others. Lets discuss the four basic types of inductions available to us today.

- 1. **The Progressive Relaxation Induction**.. We are all familiar with this one. It creates a general relaxation of the body. The idea being that deep relaxation establishes the hypnotic state. Depth testing is mandatory in order to determine the client's level of trance or whether they are indeed in hypnosis at all. It is a fine induction for those clients in the minority who <u>need</u> a slow maternal induction. The main concerns associated with this induction are:
- a. Without mandatory depth testing (which many hypnotists don't do), it is unknown if the client has achieved critical factor by-pass (hypnosis).
- b. Analytical people will fall behind the practitioners suggestions and never catch up.
- c. Type A clients with little time to spare do not respond well to slow, time consuming hypnosis methods.
- d. During evening appointments tired after working all day, clients may easily go to sleep instead of into the hypnotic state.
- e. The induction should challenge the hypnotists skills, encouraging the practitioner to reach out to become more skilled and more excited about the profession. Progressive relaxation induction does not.
- f. Due to the length of the induction, it reduces the number of client appointments capable of being scheduled daily. Thus, reducing potential income.
- g. Fatigues the practitioner more than other inductions.
- h. This one is so important I am saving it for an article by itself.
- 2. **The Rapid Induction**.. Is meant to take the client from a normal state of awareness into the somnambulistic state in four minutes or less. Some variety of disguised depth testing is usually built into the induction. The Dave Elman induction is the most well known of this type. Many inductions in this category can average 15-30 seconds. Dave Elman, I and many other instructors have used and instructed in the long version at approximately 4 minutes and the short version at approximately 30 seconds to many hundreds of physicians for use in clinical practice. There are many other inductions; such as, the Arm Drop and

Mayo Clinic technique that fall into the time frame of 4 minutes – 30 seconds. My graduates primarily use inductions such as these with most clients on a daily basis.

- 1. **Instant Induction**...Using an instant induction, the skilled hypnotist is able to obtain
- a deep medium to somnambulistic level of trance in 1-5 seconds. Some deepening method may be needed with the very few who do not reach somnambulism. This type induction is rarely used in a clinical environment but should be understood and learned. Many times its usefulness comes in emergency situations where shock elimination or bleeding control are the main concerns. In addition, these are great inductions to use during lectures or demonstrations promoting your practice. People will remember you and your scheduled sessions will increase. These inductions build tremendous feelings of confidence and self-assurance within the hypnotist.
- 3. **EIR Induction** (Emotionally Induced Regression Induction)...This relatively new regression induction technique should only be used by very experienced hypnotists having extensive skill and specific training in its use. The techniques is generally used with clients suffering a terminal illness. It will not be discussed at this time due to concerns that practitioners without proper training may attempt its use.

In my opinion, these are the basic categories of inductions used today. There are a myriad inductions used; for example, confusion, ideo-motor, Dr. Flowers and probably hundreds more; but, they would all fall under one of the above categories.

Many hypnotists contend that rapid and instant inductions are violent and harmful to the client. I believe their contention comes from a lack of proper training and understanding of the techniques. The truth is... these inductions can be used in many ways; from paternal to completely maternal techniques. Which style the practitioner selects will depend on the needs and personality of the hypnotist and the client. A number of these inductions are completely non-verbal, comforting and quite relaxing.

In some ways we need to think of ourselves like carpenters. When a carpenter goes to work he does not have just one tool to complete his work. He carries many tools for the many challenges he may need to deal with to complete his project. As hypnosis practitioners, neither can we carry just one type of induction in our hypnotic toolbox. If we do, we will not successfully complete our "projects" and we will be giving credence to those people who say, "I tried hypnosis but it didn't work for me."

I totally agree with Dave Elman that depth of trance is critical for the deeper client issues. Elman believed somnambulism should be considered the working state

of hypnosis. I agree and instruct my students in the same way. Everyone should be able to achieve somnambulism easily. It is the required state for issues like pain control, painless childbirth, regression to cause, true hypnoanalysis, direct suggestion that enables lasting transformation and more. Rapid/Instant inductions quickly move your client into somnambulism easily and professionally with the overwhelming majority of clients.

For those of you who have never deeply studied the techniques of Dave Elman's extremely brief sessions, let me give you a quick overview. He held classes in various locations for licensed physicians only. The physicians were requested to bring patients to class so he could demonstrate his transformational methods with a real patient. From the time he began working with the patient in front of the class, until the problem was corrected went anywhere from a short 17 minutes to a short 30 minutes...TOTAL! This included the brief pre-talk, the induction, the regression to cause, the transformational therapy and the emerging.

My question to my colleagues today is, "If these methods and techniques were in place and working during the 40's and 50's, how does it happen we haven't taught and improved on them in the last 50 years? Could it be due to the fact that most non-licensed hypnotists of Elman's day debunked him and never incorporated his methods into their trainings. If they had taken what he knew, along with his methods of conducting sessions back in the 40's and built on them over the years, imagine where our profession would be today

The rapid induction was the mainstay of Elman and his students. They are the mainstay of myself and my students. How can we ever hope to reach the speed, effectiveness and outcome of this great hypnotist by using antiquated long inductions followed by direct suggestions? The answer is we can not... unless we all learn and utilize the clinical rapid inductions which are available to us.

The concept of good subjects and bad subjects we now know is erroneous. We are all human and all have the ability be great subjects. The only thing that keeps a person from going into deep hypnosis very quickly is a four letter word beginning with the letter "F", FEAR! Eliminate the fear, use a rapid induction and obtain deep trance.

I know it would be in the best interest of all hypnosis practitioners to become comfortable with the many rapid and instant inductions available today. "Why aren't others taking advantage of rapid and instant inductions as their primary induction methods?", is a question I am consistently asked by my students. They tell me the use of these inductions allows much more time for transformational work after the induction for which they are being paid.

It is our job to move our profession forward. I truly believe that if the old past masters of our profession could suddenly appear they would all tell us the same thing. I think they all would say; "Take all that we knew about the work with our blessing. But, if that is all that you learn get out of the profession because you are doing nothing to move it forward and help it grow."

Many issues that normally require two sessions can be cut to one, with the use of these rapid inductions. If clients are scheduled every hour, just imagine how much more time can be allocated to work with client issues if they are in deep hypnosis within ten minutes from the time they walk into the session.

Don't allow yourself to become poisoned by the naysayers who say these inductions are not effective or are dangerous. I have used them with clients for many years. I have never had any problem with anyone. I have taught thousands of people how to use them. They use them everyday and report great success. Remember, it wasn't too long ago that the "wise leaders" of the world told us the world was square and if you ventured too far you will fall off the edge.

Ouestion: If, for over sixty years, physicians have been taught, regularly used and are still using rapid inductions in their practices, how can it, as some hypnotists feel, be inappropriate to use in our professional offices today?

I urge you, no, I challenge you, to seek out an instructor who will take you step by step through these inductions, with demonstrations, substantial practice time and explanation of how, when and why they work both safely and quickly. Then, and only then, can you intelligently judge for yourself as to their value to you and your client in your practice.

If all instructors would adjust their training curriculum to incorporate instruction of rapid and instant inductions, along with adequate practice periods with every student in their training, those students would leave that training with an awesome, unbreakable feeling of self-confidence and a "I can do anything" attitude. As instructors, we owe this to our students. We should give them nothing less. Rapid and instant inductions are not laughable parlor tricks, they are a powerful opening doorway to an exciting new future for the hypnosis practitioner!

I am writing this article on November 29, 2001. At this time our country is at war with a cunning, ruthless, cruel and dangerous enemy. We have a skill that can help so many people in so many ways. We can help the frightened cope. We can help the wounded heal. We can implant feelings of courage and remove feelings of hopelessness and helplessness. I urge every hypnotist to volunteer your services to VA clinics, veterans organizations, the USO, parents and children of those serving in the military or any other group that could benefit from our abilities. We have a very unique skill that can aid our country in so many ways. Let's all do our part to help America through this crisis.

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